



Evaluation of the University of Dammam's Compliance with NCAAA Standards of Field Experience and its Impact on Satisfaction

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11/15/2014

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Abstract

This paper reviews two training and internship programs of the College of Applied Medical Science in Saudi Arabia against the standards of the National Commission for Academic Accreditation and Assessment (NCAAA) to see how well the programs come in their quest for accreditation.

Disclosures by students, interns, alumni, coordinators, and supervisors of the Health Information Management and Technology (HIMT) and Physical Therapy (PT) programs reveal the programs successfully meet accreditation requirements, except in two areas: (1) bringing students and interns together to reflect about their experiences and assess the environment of hospitals to protect their safety and (2) coordinating and communicating by coordinators with supervisors at the hospitals.

The HIMT program adheres to standards and satisfies its users more than the PT program does. The gap between their results points out deficiencies that need to be satisfied in order to allow the programs to meet NCAAA requirements for accreditation. This study can be used to help narrow that gap.

Keywords: National Commission for Academic Accreditation and Assessment, College of Applied Medical Sciences, Health Information Management and Technology, Physical Therapy, accreditation requirements, training and internship programs, quality improvement, information technology

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Higher education, especially in modern times, has been marked by a continuous evolutionary process, while the needs of different stakeholders change rapidly. Students need to obtain as good and timely an education as possible to help them in their careers. Administrators expect institutions offering education to supply the marketplace with highly competent graduates, who are suited to their current needs and who can work toward the improvement of the community.

Specifically in Saudi Arabia, there is a serious misalignment between post-secondary learning outcomes and the actual needs of the Saudi labour market (AlOtaibi, n.d. cited in AlObaidy, 2009). In order to meet and exceed these demands, the principle of quality has been introduced into higher education.

The issue of quality in higher education is a never ending debate. Two types of quality management are quality assurance and quality enhancement, and a great difference exists between the two. Both are concerned with maintaining standards; however, the manner varies in which these standards are viewed. Quality assurance ensures that an institution adopts and maintains a system that meets a high quality of educational standards. On the other hand, quality enhancement seeks to improve the situation of any institution and to meet evolving quality standards (AlObaidi, 2009). It stimulates a continuous effort to meet higher-level standards when the targeted standards already have been met. In quality enhancement, the development of quality standards is a cyclical process. Whenever a standard is met, a higher standard arises and becomes the new target.

Notwithstanding the previous facts, quality assurance is subject to severe criticism. It has been considered in some quarters as a waste of time and money that could lead to nowhere (Harvey, 2010 cited in Land & Gordon, 2013). Considerable funding has been invested to satisfy

the purpose of quality assurance, but questionable benefits have been gained. Quality enhancement has been introduced as an alternative to quality assurance (Land & Gordon, 2013) in the hope of achieving a continuous process of improvements to institutions.

In Saudi Arabia, in 2004, as an action to the introduction of quality assurance and enhancement to higher education, the Higher Council of Education launched the National Commission for Academic Accreditation and Assessment (NCAAA) (El-Maghraby, 2011). Its purpose is to regulate quality assurance and enhancement and grant accreditation status to qualified governmental and privately owned higher educational institutions (NCAAA, 2009). It develops high quality “standards, criteria and procedures”, which are revised and updated periodically (Al-Musallam, 2007 cited in El-Maghraby, 2011). The fulfilment of these standards is intended to ensure the achievement of a high quality educational system that ultimately produces highly skilled and competent graduates.

Training experiences also serve as a major vehicle for graduating students, who are highly skilled and prepared to enter the real working environment. An NCAAA dimension under the Learning and Teaching Area that concerns this experience consists of a number of standards that concern supervisors and their interns/students in field work locations.

Field work activities are defined by the NCAAA as “any work based activity such as internship, cooperative training, practicums...” (NCAAA, 2009). The theoretical courses of any program might not guarantee the achievement of high learning outcomes, unless internships/training courses are incorporated into the program plan (Verney, Holoviak and Winter, n.d.). In addition, the achievement of a fruitful internship/training program is related to the interest of students and supervisors and their willingness to perform their best during this

period (Coco, 2000; Ramus, 1997 cited in Verney, Holoviak and Winter, n.d.). Their interest in this experience would increase if it met their needs.

The internship experience should not be neglected when planning a program and is more likely to succeed and achieve optimal benefits if it is kept in focus while program structures are revised (Verney, Holoviak and Winter, n.d.). According to Gault, Redington, & Schlager (2000), training/internship may better meet certain predetermined criteria to ensure the achievement of their goals (cited in Verney, Holoviak and Winter, n.d.). Furthermore, quality management has been introduced to higher education to achieve the optimal satisfaction of its users: students, staff, faculty members, stakeholders, and others (Ali, et al., 2010; Oprean, et al., 2008 cited in Oprean, Kifor and Cioca, 2010). Lewis and Smith (1997) add that quality management in higher education serves to meet stakeholders' satisfaction. This might also play a major role in achieving the satisfaction of interns/students and supervisors, because satisfaction is positively correlated with the success of this experience (Verney, Holoviak and Winter, n.d.).

Studies have suggested that a poor experience with an internship/training program may cause disillusionment among interns/students with the jobs for which they are trained (Fox, 2011 cited in Chen, Hu, Wang & Chen, 2011). This can happen when the internship/training programs do not meet their expectations.

The internship/training experience is mutually beneficial for both organizations and students/interns. Organizations view interns/students as a relatively cheap source of employment (Coco, 2000; Pianko, 1996 cited in Verney, Holoviak and Winter, n.d.). Students/interns make contributions to the work force of an organization while gaining first-hand experience and knowledge, hence accumulating a positive work experience. Additionally, in the case of recruiting an intern/student, he/she already would be oriented to the working environment of a

specific organization (Pianko, 1996 cited in Verney, Holoviak and Winter, n.d.). As McCollum (2001) states, interns/students "may very well be the future of the company" (McCollum, 2001 cited in Verney, Holoviak and Winter, n.d.).

Interns/students obtain enormous advantages besides the experience they gain during their training. This opportunity permits them to explore the working environment and discover their areas of interest (Verney, Holoviak and Winter, n.d.). Interns/students face a variety of subsets of work tasks within their specialties that helps them choose and focus on their future careers. In addition, internship/training provides them with a basis for linkage between the theoretical part covered during their undergraduate studies and the practical work to which they are exposed during internship/training (Verney, Holoviak and Winter, n.d.). Furthermore, according to Mihail (2006), internship/training programs offer a means of acquiring the knowledge and professional skills necessary to build a successful career path (cited in Chen, Hu, Wang & Chen, 2011), "such as better time management and communication skills, better self-discipline, heightened initiative and an overall better self-concept" (Dennis, 1996 cited in Verney, Holoviak and Winter, n.d.). This experience makes interns/students more capable of handling an overload of work and performing under pressure (Wang, 2002 cited in Chen, Hu, Wang & Chen, 2011), because they experience a real working life, in contrast to undergraduate courses.

Organizations prefer to recruit experienced employees than new graduates. This program can provide interns/students with sufficient experience and training to prepare them for a new job (Verney, Holoviak and Winter, n.d.). However, according to a study conducted by Bikson & Law in 1994, multinational organizations in the United States believe colleges fail to offer internship programs that match the students' professional needs (Adler & Loughrin, 2003).

These organizations prefer to hire candidates who have high academic attainment than previous experience on a specific job. Despite the fact that the graduates' grade point averages may predict their future performance, professional experience and job skills are also important aspects of the candidates' qualifications. Bikson and Law (1994) add that colleges prepare their internship/training programs for the purpose of fulfilling the requirements of degree completion, rather than focusing on elevating the level of the students' learning (cited in Adler & Loughrin, 2003).

Daugherty, Baldwin, and Rowley (1998) state that optimal opportunities for learning and lack of mistreatment predict highly satisfied medical interns. The satisfaction of interns with the internship year might be a chance to elevate their interests in the job as full-time employees (Great Work Place, 2010). In addition, a good relationship with a cooperative supervisor could elevate the extent to which students/interns are satisfied (Nelson, 1994 cited in Yafang & Gongyong, n.d.). Also, adequate contact with an internship/training coordinator might promote the advantages that students could gain from this experience (Fagenson, 1989 cited in Yafang & Gongyong, n.d.). In contrast, according to Taylor (1988), "poor supervision was the most likely condition to lead to dissatisfaction with internships" (cited in Yafang & Gongyong, n.d.).

The benefits and strengths of internship/training demonstrate the importance of developing an effective internship/training program. Currently, no study exists to evaluate the compliance of a college's internship/training program with the standards of an external body and to associate it with the level of satisfaction of student/interns and supervisors at hospitals.

In 2006, The University of Dammam, where this study was conducted, initiated a process of major reforms to ensure that its services are consistent with these standards and qualified to be granted accredited status (AlKadi, personal communication, April 29, 2013). As an initiative to

this transformation and to manage the process properly, the University of Dammam created the Deanship of Quality and Academic Accreditation (DQAA) in 2009. It has the responsibility to monitor and maintain the quality of services at the university (University of Dammam, n.d.).

Because these changes started only a few years ago, a limited number of studies have been conducted to examine the compliance of the services provided by the university with NCAAA standards (L. Wosornu, personal communication, January 2, 2013). A study was conducted in 2009/2010 by a group of students about the perception of interns of the Health Information Management Technology program regarding their internship experience (A. Alharbi, H. Alsunaid, M. Aljasser, and R. Almansour, personal communication, July 3, 2013). According to the students' study, approximately 60 percent of alumni improved their knowledge about the field as a result of the training/internship program (A. Alharbi, H. Alsunaid, M. Aljasser, and R. Almansour, personal communication, July 3, 2013). It should be noted that the study was not designed on the basis of NCAAA standards, and, due to a shortage of staff, no attempt was made to evaluate the training/internship program in comparison to NCAAA standards (Bah, personal communication, April 18, 2013). Even so, one of the NCAAA standards within the "field work activities" dimension of Area 4 necessitates the participation of all involved entities in the training/internship experience to freely evaluate their this experience (NCAAA, 2009).

Methods

This study examines the level to which the University of Dammam meets the NCAAA standards for the "Field Experience Activities" dimension, as shown in Appendix A. The study targets the College of Applied Medical Sciences (CAMS). This college encompasses a number of different scientific programs and accommodates a large number of students. The structure of the program's study years within the college fits the requirements. Third year students of all

programs are required to commit to two training courses throughout their studying year. In addition, a year of internship is mandated in the fifth year in order for the students to be certified and earn a bachelor degree. To achieve a comprehensive and reliable result in this study, only two programs in CAMS were chosen to be researched, the Physical Therapy (PT) and Health Information Management and Technology (HIMT) programs.

The perception of students, interns, alumni, and supervisors involved in training/internship courses are explored. In addition, the coordinators at the University of Dammam, who are academics in the colleges and hold the responsibility of coordinating the training/internship program between the university and hospitals, are involved in evaluating the training/internship program. The involvement of these targeted participants examines their satisfaction with the training/internship and how well their experience has met their expectation. In addition, their satisfaction with the training/internship program is examined in relation to the degree of compliance, which would arise after data collection.

The PT program is newly established and first started accepting students in 2006. The program aims to prepare and graduate highly competent and skilled physical therapists to support health services in Saudi hospitals. The HIMT program was established in 2004 (University of Dammam, n.d.). It produces graduates who are versed in medical records, health quality management, health informatics, and health research.

This study aims to evaluate the field work experience according to NCAAA predetermined standards. In addition, the perspectives of third-year students, interns, alumni coordinators, and supervisors at the training/internship locations were taken into account to measure their level of satisfaction with their experience. In order to achieve this, the study answers the following questions:

1. To what extent are the standards of “Field Experience Activities” appropriately met?
2. How far are the expectations of alumni and students met regarding field work?
3. How far are the expectations of internship supervisors met regarding their students’ performance?
4. What degree of variation is there across the two programs in terms of adherence to the specified standards and meeting users’ expectations?

This study will serve as a corrective means by which the university can benefit from its results. It will reveal the actual situation of the training/internship experience in comparison to what is stated by NCAAA standards and disclose the gap between them in addition to the degree of satisfaction reached. Consequently, the college will take appropriate actions to maintain the strengths they have achieved in the training/internship area and initiate attempts to modify deficiencies and weaknesses.

Methodology

The sample population of this study, which consisted of participants from the two programs mentioned above, was chosen in accordance with a non-probabilistic sampling strategy. In particular, samples were selected based on an “intensity sampling” strategy, where “sites or individuals in which the phenomenon of interest is strongly represented” (Mertens,, 2010).

The precise number of the sample size is impossible to estimate, because contact details for alumni were not provided. An attempt was made to reach as many graduates as possible, about 200 participants, in addition to 46 students and 46 interns. Altogether, approximately 250 participants received questionnaires. In addition, interviews were conducted to capture the views of the coordinators of each program. Lastly, communication was held with coordinators to

prepare a list of hospitals that agree to train students/interns from both programs. Four hospitals were contacted for approval to conduct interviews with the supervisors of several departments.

A questionnaire was formulated to be administered to students, interns, and alumni of the PT and HIMT programs in order to explore their perceptions about their training/internship at hospitals.

Concern existed at the beginning of the research over the extent to which the questionnaire would reach targeted participants and result in a reasonable response rate. Reaching the alumni was problematic, especially for the PT program, where a database for alumni had not been constructed. Difficulty in reaching the interns of both programs, who were distributed in different hospitals across Saudi. The concerns were resolved by using both online and paper-based questionnaires.

The training/internship coordinators of PT and HIMT programs were interviewed to measure the adherence of training/internship program preparation to the NCAAA standards. Supervisors at the internship locations were interviewed to obtain their views about interns'/students' abilities to perform tasks. The supervisors also were asked to share their experience with coordinators from the University of Dammam to jointly provide a thriving internship experience for students/interns. Clear and simple tests were undertaken to reach a persuasive proof of the study's objectives.

Data are presented as number of respondents (%) or mean (standard deviation) score, depending on the nature of the outcome measured. The Likert scale items were summed to calculate a summary measure after a score of 0 was assigned to the lowest grading, and a unit increment was given to each level of grading with a maximum score of 3. For items that belonged to evaluation and feedback, a score of 3 was assigned to a response of 'yes' and 0 for

‘no’. The combined score was scaled from 0 to 63. For the item-specific analysis, grading of each item was treated as ‘agreed’, if the given grading was ‘agree/strongly agree’. The Kruskal-Wallis rank test or Wilcoxon rank-sum test was used to compare the scores. A *p*-value of less than 0.05 was considered statistically significant.

During interviews, interviewees were asked to rate seven statements on students using a scale from 0 to 10, where 0 indicated very low and 10 very high. The interview findings were analysed quantitatively, along with the qualitative analysis, to illustrate the comparisons between different departments and the frequencies of some answers.

For the qualitative data, responses to open-ended questions and interviews were used for gauging participant reactions to the training/internship and verifying the picture obtained from the quantitative measures. Data from interviews and open-ended items were coded to facilitate their analysis. Each question might include a variety of answer themes. Each theme might be assigned a code of two letters to easily allocate it for each relevant question (Taylor and Renner, 2003). In addition to qualitative analysis, the qualitative data was involved in simple descriptive quantitative analysis to show the straightforward means and frequencies.

Results

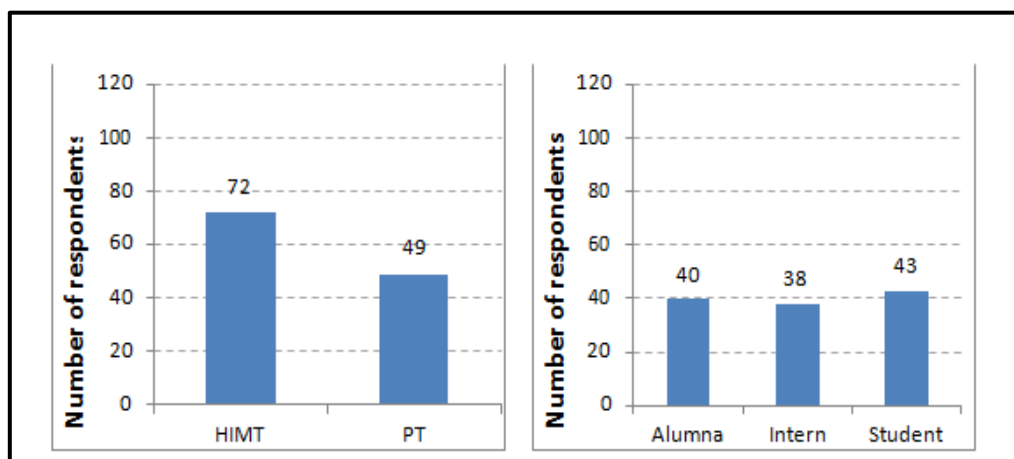
Background of participants

Tables 1 and 2 and Figure 1 show the backgrounds of the respondents. A total of 121 participants responded, including 60 percent from HIMT and 40 percent from PT. Of respondents, 40 (33%) were alumnae, 38 (31%) were interns, and 43 (36%) were current students at the University of Dammam.

Program	Number of participants	Percentage
HIMT	72	60%
PT	49	40%

Table 1: Program attended

Student status	Number of participants	Percentage
Alumna	40	33%
Intern	38	31%
Student	43	36%

Table 2: Participants status at UD**Figure 1. Background of the respondents**

Results of training/internship questionnaire: satisfaction and compliance

Table 3 summarises the overall survey results on different aspects of training/internship. The overall mean summary score was 37.8 ($SD = 12.8$), which was 60 percent of 63, the maximum score. A similar trend was observed in each aspect of the training/internship, means of approximately 60 percent of the maximum possible score attained.

Satisfaction and compliance on:	Mean (standard deviation)
Preparation (scale: 0–12)	6.8 (2.6)
Training/internship posting (scale: 0–18)	10.5 (4.2)
Professional skills and knowledge (intended learning outcome) (scale: 0–18)	11.5 (4.1)
Evaluation and feedback during training/internship (scale: 0–15)	9 (4.8)
Overall (combined score) (scale: 0–63)	37.8 (12.8)

Table 3: Summary of evaluation

Item-specific results are given in Appendix E. Regarding the items related to preparatory work towards training/internship, more than 70 percent of respondents agreed with each statement, except on the statement of Item 2, as shown in Figure 2. Only 50 percent agreed with the excepted statement, and 25 percent strongly disagreed with the statement. The most positive responses were given by 69 percent of participants to items related to level of satisfaction and comfort with the supervisor and training/internship site (Figure 3). A similar trend was observed in items related to attainment of intended learning outcome (Figure 4). More than 75 percent agreed with statements other than Item 12. Regarding the items related to evaluation and feedback during training/internship, more than 60 percent of respondents agreed with each statement, except for the statement in Item 20 about meetings with the University of Dammam (Figure 5), where more than 60 percent disagreed.

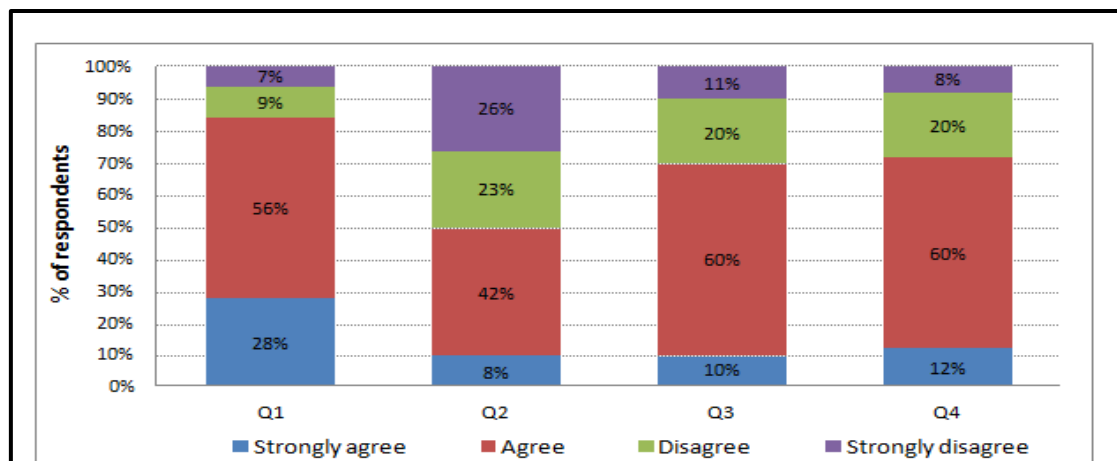


Figure 2: Agreement level on the items related to preparatory work towards training/internship

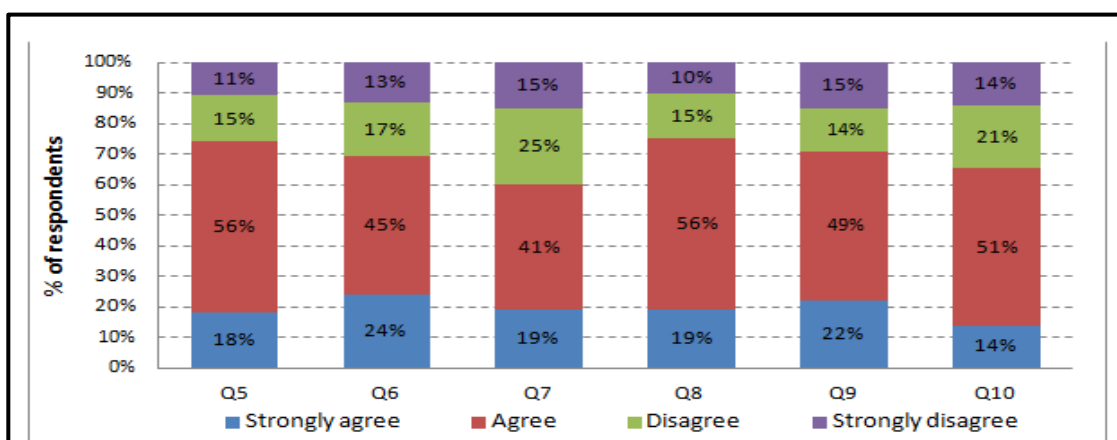


Figure 3: Agreement level on the items related to satisfaction and comfort with the supervisor and training/internship site

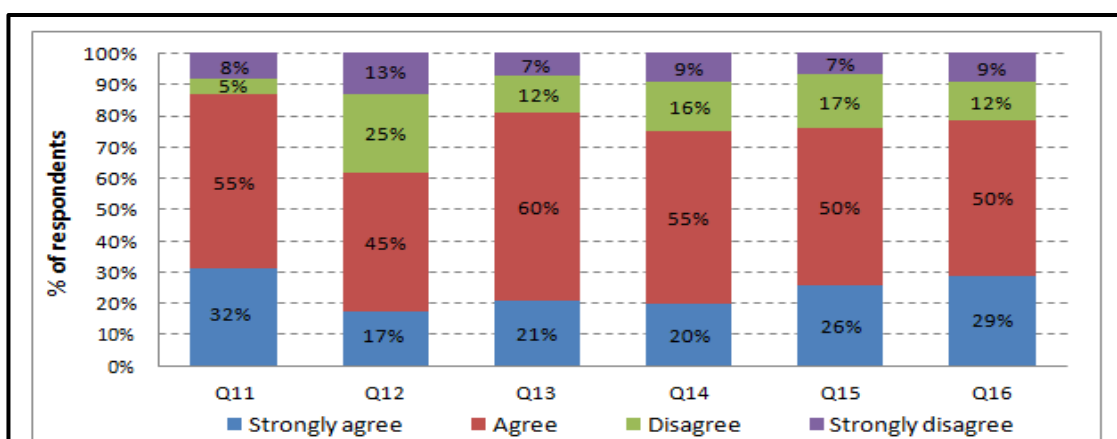
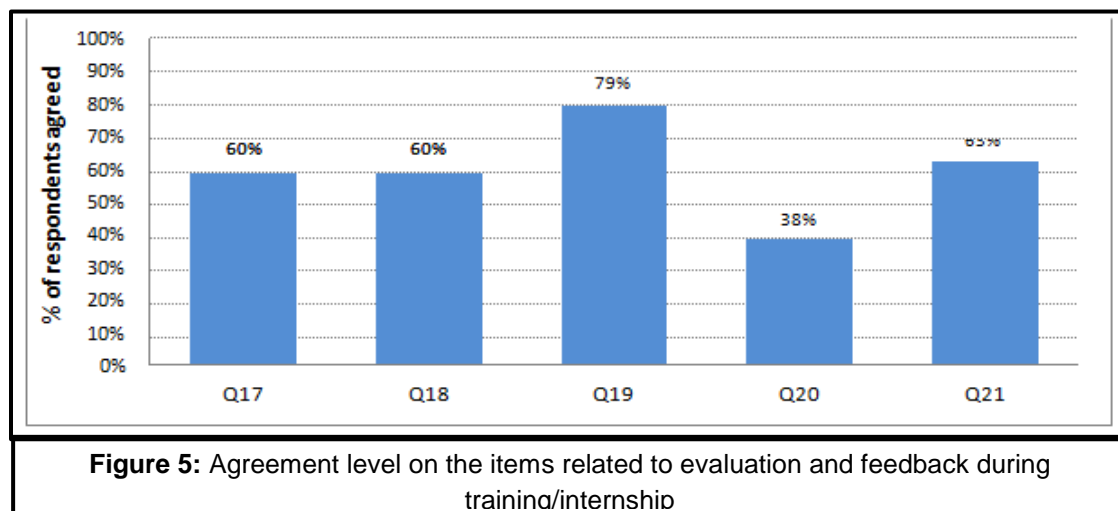


Figure 4: Agreement level on the items related to attainment of intended learning outcome



Comparison by program

Figures 6 and 7 summarise the questionnaire results on the different aspects of training/internship by program. The overall mean summary score for the HIMT program (mean score 40.5; $SD = 8.2$) was slightly higher than the PT group (mean score 33.9; $SD = 16.8$); however, the difference was not statistically significant. A statistically significant difference was observed on a summary score related to preparatory work towards training/internship between HIMT and PT. Respondents from the HIMT program gave a high score of 7.5 ($SD = 2.1$) compared to respondents from PT program (mean score 5.9; $SD = 3.0$). A similar finding was observed on 'evaluation and feedback during training/internship', where the score was significantly high for the HIMT program (mean score 10.3; $SD = 3.7$) compared to the PT program (mean score 7.0; $SD = 5.6$). The score was almost similar across the program on the remaining aspects of the training/internship. Item-specific comparisons are given in Figures 8, 9, 10, and 11.

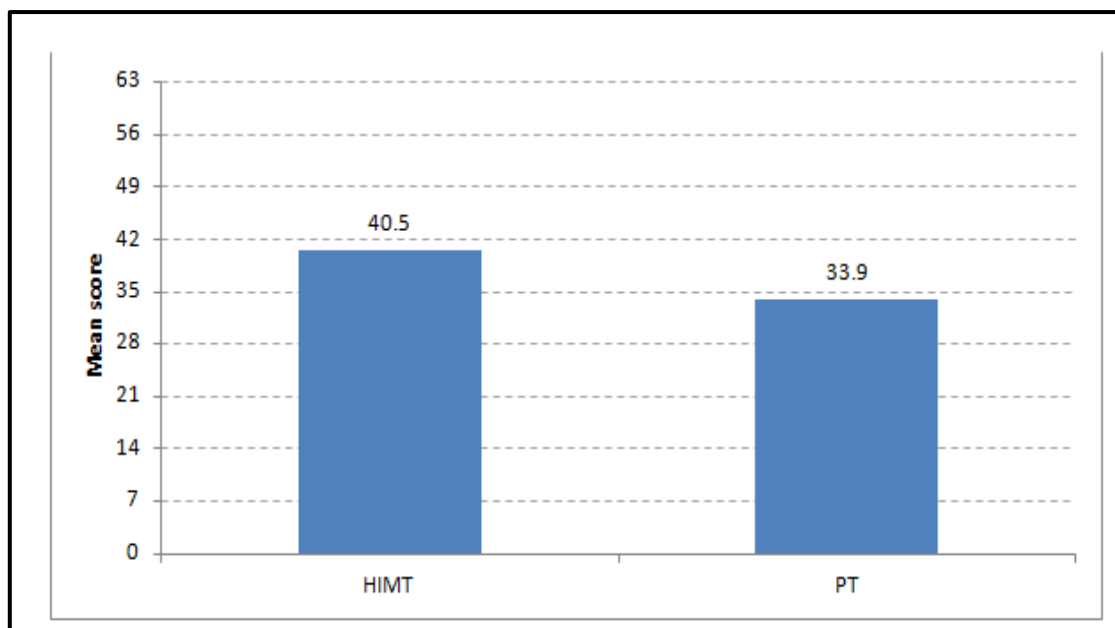


Figure 6: Overall mean score by program

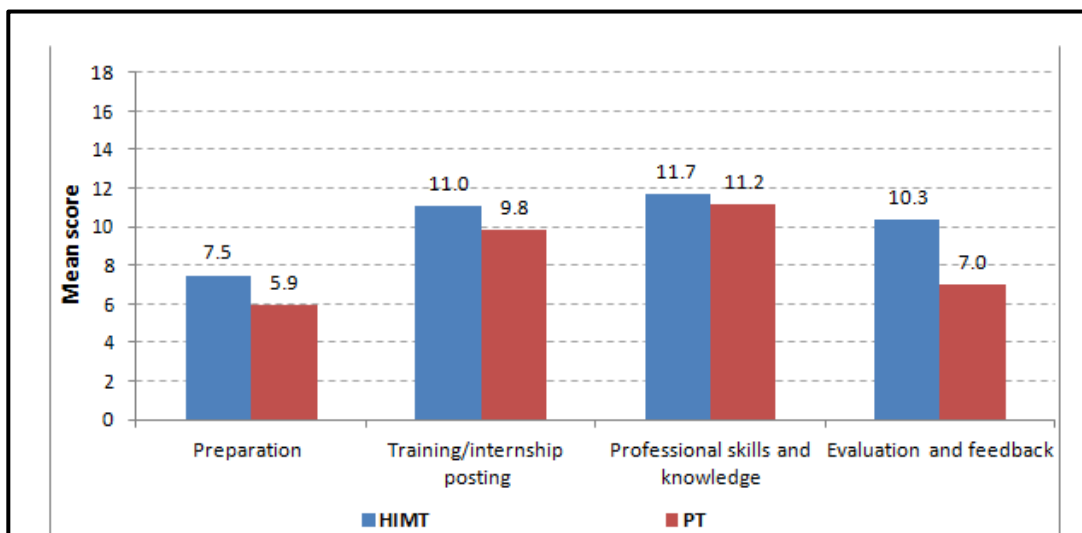
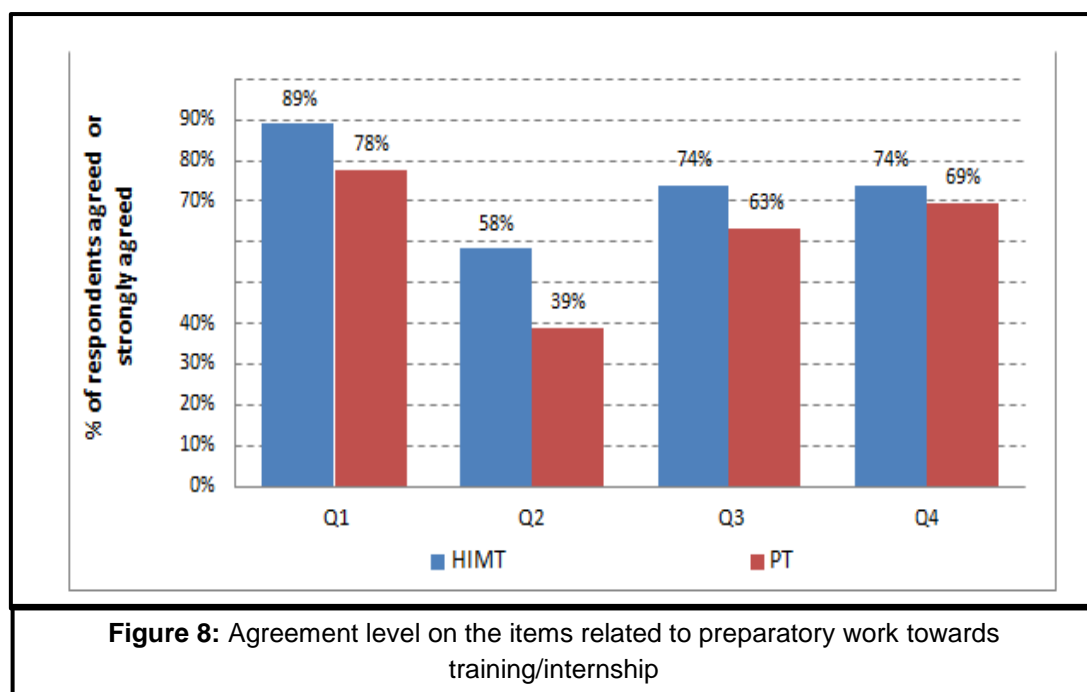
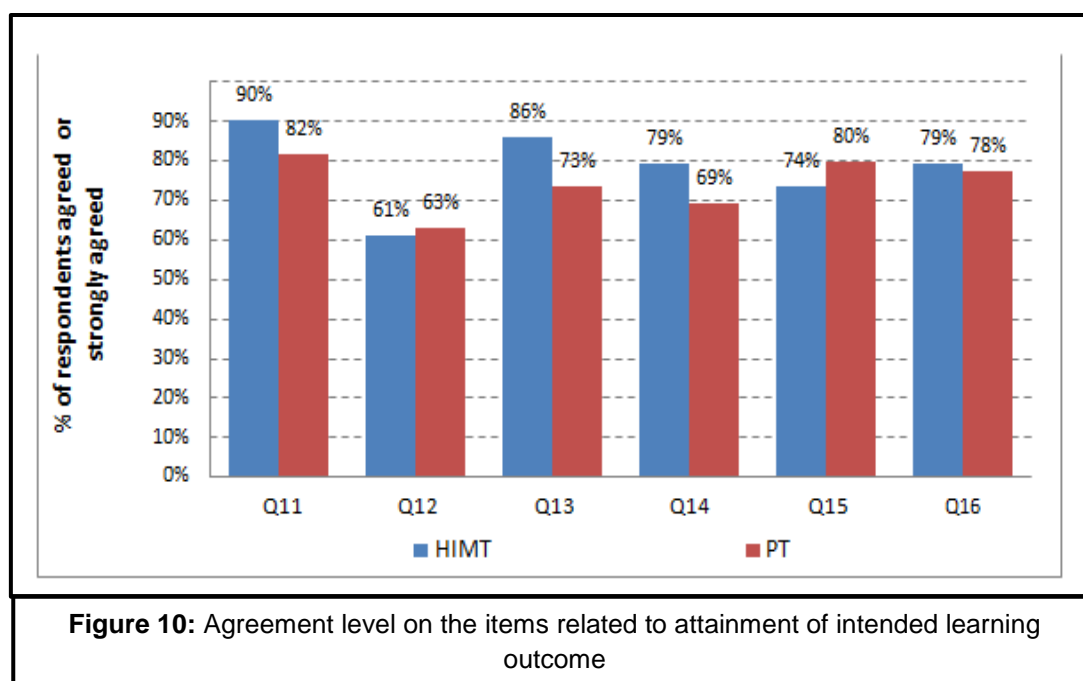
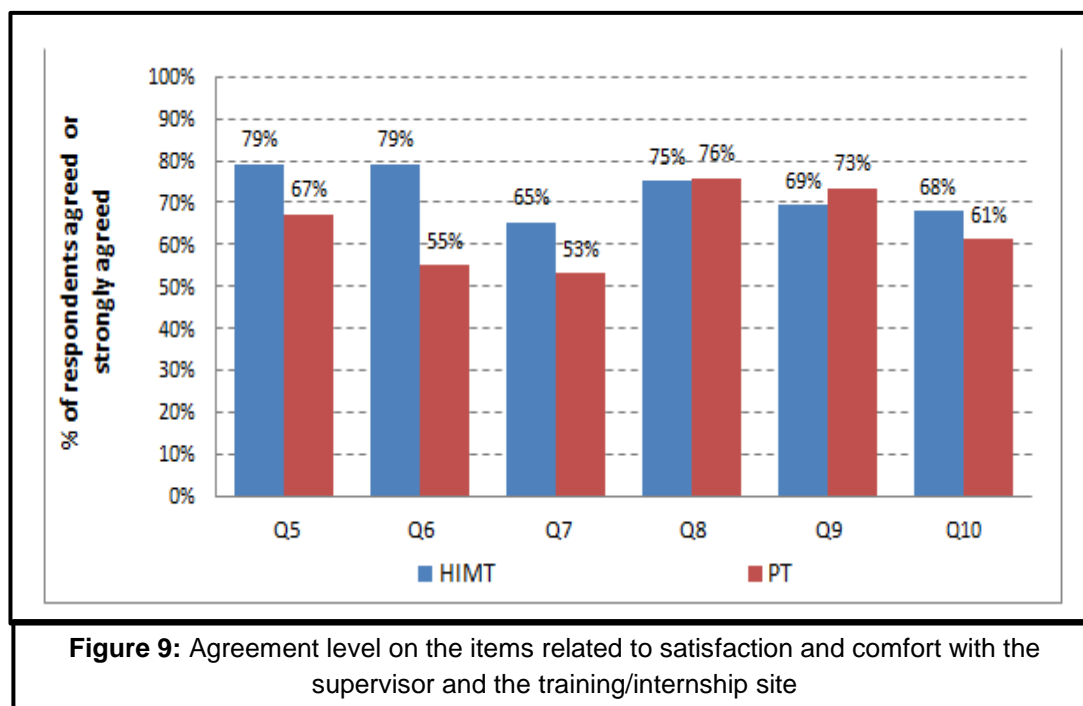


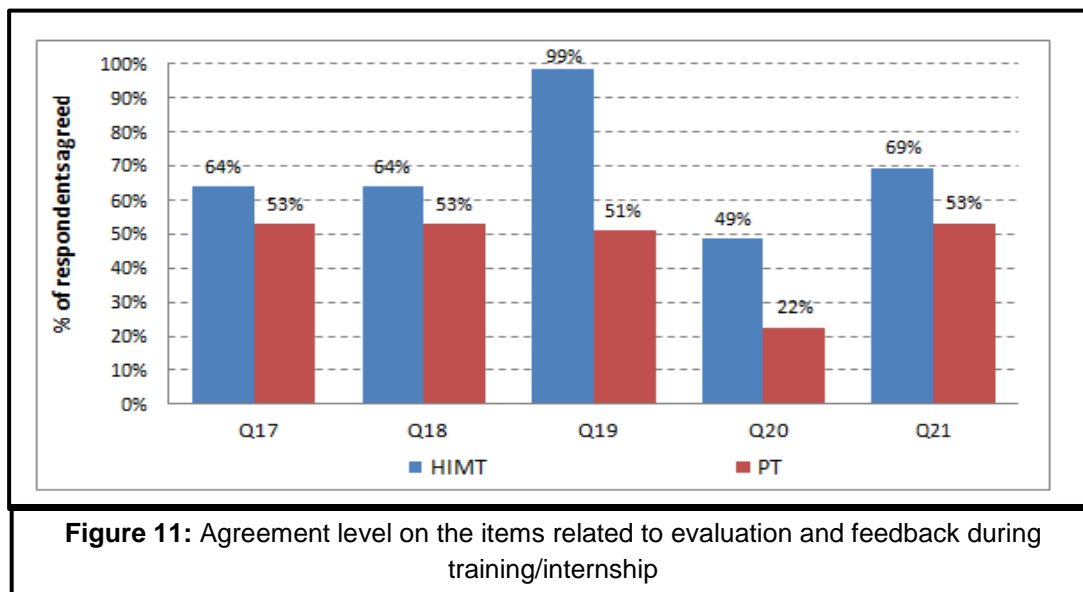
Figure 7: Mean score by program



In general, the HIMT group scored 66 percent higher than the PT group. As shown in Figure 8, 58 percent of the HIMT group agreed on the statement in Item 2. Furthermore, similarly to all sections, the HIMT group responded more positively on almost all items, except for some items by slight variance, in comparison to the PT group. Item 8 received a higher positive response by 1 percent from the PT group, Item 9 by 4 percent, Item 15 by 6 percent, and Item 12 by 2 percent.



In Figure 11, 99 percent of the HIMT group agreed with Item 19; whereas, only about 50 percent of the PT group agreed. Approximately 50 percent of the HIMT group disagreed with the statement “Meetings were arranged by University of Dammam to reflect and share my training/internship experience throughout the course”, while more than 75 percent of the PT group disagreed.



Compliance versus satisfaction

Satisfaction was strongly and positively associated (correlation coefficient = 0.64, $p < 0.001$) with compliance in the training/internship program. The levels of compliance and satisfaction were compared by students' status (Table 4) and program (Table 5). The satisfaction level among alumni and interns was comparatively higher than the student group ($p < 0.001$); whereas, the level of compliance was similar across alumni, interns, and students ($p = 0.607$). The level of satisfaction among the respondents from the HIMT group was not significantly different for respondents from the PT group ($p = 0.744$); whereas, the level of compliance was

significantly higher among respondents from the HIMT group than from the PT group ($p = 0.001$).

	Alumna	Intern	Student	p-value
Satisfaction	14.0 (3.1)	13.8 (3.6)	9.7 (5.4)	<0.001*
Compliance	17.0 (4.4)	16.9 (5.3)	14.6 (7.7)	0.607

*statistically significant difference between groups

Table 4: The level of compliance and satisfaction by respondent's status. Data are mean (standard deviation) score

	HIMT	PT	p-value
Satisfaction	13.0 (3.4)	11.7 (6.0)	0.744
Compliance	17.9 (4.1)	13.5 (7.5)	0.001*

*statistically significant difference between groups

Table 5: The level of compliance and satisfaction by respondent's program. Data are mean (standard deviation) score

Results of the open-ended part of the training/internship questionnaire

The PT students made recommendations for better coordination on the open-ended items of the questionnaire. A PT student asked for a standard textbook from which to study. A student stated that, unlike other hospitals, Hospital 3 did not offer practical work experience in its training program.

A number of HIMT respondents stressed the importance of enhancing the coordination between hospitals and the university to provide a more concerted training program. The HIMT students/interns reported struggling from obstacles in some departments. According to a respondent, "Nobody in the hospitals knows who we are or what our abilities are." Some claimed they occasionally received tasks unrelated to HIMT courses, especially in information

technology (IT) departments. Suggestions were made to conduct symposia in order to educate the hospitals' representatives about the HIMT program, develop a booklet containing information about the HIMT professions and their duties in hospitals, and make supervisors at hospitals aware about HIMT academic courses in order to train students/interns in areas related to their field. Two respondents asked for the IT training program to be improved.

Results of interviews with coordinators of HIMT and PT programs at the University of Dammam

As stated by both PT and HIMT coordinators, at first and before the launch of a new internship period, coordinators usually organize an orientation lecture for students to discuss the available hospitals and general rules of internship. A HIMT coordinator added that students were briefed about the content of the handbook, as it includes information about what they may expect at the end of the internship and the role and the expectation of every individual involved in the experience. In addition, the coordinator claimed that interns might visit to speak about their experiences. In addition, students would be asked to complete a form and schedule of posting. The PT coordinator prepares another lecture, weeks later, to collect students' preferences for hospital postings and answer questions.

The PT and HIMT coordinators assured the availability of the training/internship handbook, although they admitted that the number of available handbooks is not always sufficient. A PT coordinator said that, in that case, she asks students to copy the handbook from their classmates. On the other hand, the HIMT coordinator said he provides some parts of the handbook as electronic copies. He stated that all of the rights and role expectations are documented in the handbook. The PT coordinator added that learning outcomes, duties,

responsibilities, and rules are contained, in addition to the responsibilities and rights of hospitals and the university.

The HIMT coordinator stated that students/interns are visited once in every rotation and that faculty members are involved. A schedule of visits is created based on faculty members' choices of hospitals. Each member is requested to submit feedback about his/her visits. In contrast, the PT coordinator said that a member of staff visits the hospital once every year; visits in the second rotation are the most common. Unlike the HIMT program, visits are not scheduled. The PT coordinator described the aim of the visits being to talk to students about their perceptions of the internship and to learn whether they have complaints or problems and whether the hospital has met their expectations. In practice, the university does not take the complaints into account but may eventually exclude the hospital based on them. Because the number of hospitals is limited, it is very difficult to remove one from the program. The PT coordinator also claimed that the person in charge of circulating hospitals meets with the supervisor. As with student complaints about the hospitals, supervisor complaints about the students do not mean that the university would stop sending students to a particular hospital. She stated that visiting is merely support for students and supervisors and a chance to improve deficiencies.

Both coordinators reported that they receive a limited number of complaints from students/interns. The PT coordinator cited work overload, especially in vacations, and stated that the hospital is not well organized. The HIMT coordinator stated that he tries to resolve a problem when it arises. He claimed that, when he hears about the complaints, he tries to respond to them; for example, failure of the supervisor to give students/interns a plan or to treat them properly. He added that some students/interns hide their problems and do not share them with the university.

Only at the end, when it is too late to intervene, does the HIMT coordinator become aware of the problem.

Coordinators receive few complaints from supervisors. The HIMT coordinator gave the example of supervisors reporting that the students/interns do not take the internship seriously. The PT supervisors reported overload of students, attitude of students, and poor attendance and performance. The same was reported for both programs, although less often for the HIMT group, where the coordinator considers HIMT students/interns as excellent and having high grade point averages. The HIMT students/interns go through an ethics course, which might make them highly professional in a work environment.

Despite the fact that supervisors and students/interns complained about minor difficulties during training/internship, the number of hospitals that accept students/interns from the university is limited. The HIMT coordinator stated that most hospitals are well established and that students are given the flexibility to choose the hospitals. The HIMT coordinator said the ideal situation is to hold the responsibility for verifying that the hospital has all the necessary training facilities, but a shortage of manpower could affect this. Students are briefed and given confidential information about every hospital based on information acquired from previous students/interns. Both coordinators reported that hospitals do not go through risk assessment before the university sends students/interns to them. They pointed out that hospitals are a potentially hazardous environment and that students/interns could expect anything to happen.

The HIMT coordinator expressed regret that visits with supervisors are not arranged at the beginning of training; the only scheduled visits take place during the internship. The coordinator assumed that supervisors have a plan of training and expectations; otherwise, the plans are passed to them through the students/interns. He indicated that, during visits, they

discuss attendance, punctuality, and the work ethics of students/interns. In addition, the coordinator makes sure that supervisors have a training plan and that it is well implemented. The PT coordinator arranges visits once every year, during the second rotation.

Coordinators reported deficiencies in the training/internship organization. The HIMT coordinator reported that they do not have the opportunity to evaluate their experience in order to learn from previous mistakes. If they were evaluated, the training/internship reports from the students/interns could provide a basis for improvements. The HIMT coordinator named the limited number of hospitals, a lack of coordination, and a shortage of staff as possible reasons for an inadequacy of training/internship or for a skew in the optimal benefit of the experience. The PT coordinator agreed on the reasons and added that formal papers take time to complete. She also stated that a communication gap possibly exists between the university and hospitals and that some hospitals are not enthusiastic to accept students and seem forced to do so. The university hospital sometimes refuses students from the college and is not cooperative.

Results of interviews with supervisors at training/internship locations

Of supervisors, 70 percent (>70 percent of HIMT supervisors and >60 percent of PT supervisors) believe that students/interns have met their expectations in terms of skills and knowledge. More than 69 percent of supervisors (>70 percent of HIMT supervisors and 65 percent of PT supervisors) disliked the communications and preparation that were provided by coordinators.

The level of students'/interns' knowledge and skills was investigated. The three IT supervisors agreed that students/interns do not have the background and knowledge of basic IT; however, they are able to distinguish and recognize IT terms and are capable of performing basic IT work. Respondent IT-3 claimed that, on average, students/interns cannot handle the work

independently. Minimal supervision is given to students as the department encourages self-learning. In general, respondent IT-3 believes students do their best and get the tasks done, and instructors usually are available for help. Nonetheless, respondent IT-3 stated that the qualifications of interns/students have decreased since 2011, in terms of IT skills and knowledge and commitment. Respondent IT-2 thinks students are unfairly allocated to the IT department, as it does not fit their needs. On the other hand, the quality improvement (QI) supervisor and the medical records (MR) supervisors (MR-1 and MR-2) praised students/interns as excellent and possessing all of the skills needed. They work independently, without supervision. The PT supervisors agreed that students have sufficient knowledge and theoretical background. In general, all supervisors stated that students/interns show relatively good progress at the end of their training/internship.

Respondent IT-3 thought most of the assigned work was irrelevant to the course of study and added that, in their department, tasks are assigned according to the skills of each intern and differ from rotation to rotation. Respondent PT-2 agreed with respondent IT-2. Respondents PT-2 and PT-3 stated that it makes a difference whether students/interns previously had attended a training/internship session. Those who had were more familiar with and used to the experience. In the first rotation, students/interns usually observed patients with supervision, but in the third rotation, students/interns were more independent and could approach patients and handle cases by themselves. Respondent PT-3 said she reviews what the students/interns already possess and tries to correct deficiencies before assigning cases. Respondent PT-1 reported that students in the first rotation seem anxious and afraid to get close to patients; however, in their second and third rotations, they seem more confident. Respondent PT-2 reported that students/interns at the beginning are shy and do not know the environment, as all the equipment is different from what

they have used before. In their department, they do not have a problem in giving students/interns suitable tasks, but it takes up to two months before the students/interns are able to handle their own patients and document their cases. She feels the time issue is related to student/intern youth and inexperience. Respondent PT-1 claimed that students have to follow the policy and procedures of the hospital, which forbid a trainee from touching a patient. The training at the hospital is composed of theoretical training and the observation of other therapists. Students are not allowed to directly touch and deal with patients or to treat them. In contrast, at Hospitals 2 and 3, students/interns have their own patients after their supervisors are confident that they can handle them and their cases.

After the completion of the training/internship program, all students/interns are evaluated by their attendant supervisors. All supervisors receive the evaluation form from the University of Dammam prior to the commencement of the training/internship program. Some supervisors complained about the evaluation procedure. Respondent PT -2 reported that she received the evaluation form only the day before the students/interns departed and without previous explanations about the questions that she was supposed to focus on. Respondent MR-2 said that students/interns sometimes delay in handing in their evaluation forms, which might negatively affect their evaluations.

Supervisors were asked about their communication with the University. Respondent PT-2 responded with “BIG NO” to all coordinator questions. She always communicates through the intern and usually is the one who initiates the talk. All supervisors reported having poor communications with coordinators. No direct communication with departments is facilitated. All communication, if available, is made between coordinators and training departments at hospitals. Respondent PT-1 stated that the evaluation form is the only means of contact with the University

of Dammam; however, previous interns who have started working at the university communicated unofficially with the MR-3 supervisor. The IT and QI supervisors at Hospital 1 reported that there is adequate contact with coordinator, either by phone or email. The IT department at Hospital 3 was invited to participate in a Health IT symposium organized by the CAMS by which the opportunity was given to reflect on the internship experience, make recommendations about it, and identify marketplace needs in terms of health informatics and gaps in interns'/graduates' knowledge.

With regard to visits by coordinators during training/internship, the PT supervisors' responses ranged from once to twice every year, while the HIMT supervisors responded that they meet coordinators once in every rotation. Respondent IT-2 reported that the coordinator visits them to discuss what supervisors' responsibilities are and attempt to resolve emerging problems. Respondents IT-3 and QI-1 reported students'/interns' attitude, commitment, accomplishment, and attendance as issues discussed during these visits.

The supervisors were asked if meetings were arranged with coordinators prior to the beginning of the training/internship program in order to prepare and verify important aspects of the program. All supervisors responded "no". Respondent IT-2 stated that, since they began accepting interns a few years ago, they have become more familiar with how to process the program of training/internship; however, nothing was established or planned with the university at the start. An MR-1 supervisor has a previous background in internships from a hospital where she previously worked. Respondent PT-2 summarized the actual situation of coordination with the university as "always what I knew is from the interns themselves." All training/internship programs were set according to what supervisors learned through students/interns. All respondents gave similar responses about how well they were prepared. Not much preparation

was involved; they were involved only at the stage when the training departments acquired their approval for accepting students/interns.

Despite the negative responses about the training/internship program, 70 percent of supervisors considered this experience as mutually beneficial for them and students/interns. In addition to learning, students/interns carry some of the responsibilities during staff shortages, as stated by respondents MR-1, MR-2, and PT-2. Respondent PT-3 reported that students/interns sometimes help the department finalize the waiting list. She also reported that third rotation interns have updated information about the area, she learns from them, and they usually keep her updated. Respondent IT-2 thinks students/interns benefit more from the training experience than the department, which does not receive added value from the students/interns. Respondent MR-3 supports this, saying students/interns benefit more and that the training program might put more responsibility on their shoulders, as students/interns require a lot of “training, checking and double checking the work”, although this is done only at the beginning. As she pointed out, students/interns sometimes fill shortages of staff members.

During interviews, interviewees were given a response scale ranging from 0 to 10, with 10 indicating “very high” and 0 indicating “very low”. The HIMT and PT responses are shown in Figures 12 and 13. Figure 12 shows a comparison between the responses of HIMT and PT supervisors.

The PT rates are lower than HIMT and influenced the mean values of combined HIMT and PT rates. The PT supervisors rated the quality of the work produced by interns/students more highly than the HIMT supervisors did, although the difference between the mean values was only 0.2. As shown in Figure 13, only one supervisor from each program rejected the proposition to accept their trainees as employees. Two-year experience is a prerequisite to recruit a PT

specialist, as one of the supervisors declared. Additionally, as one of the IT supervisors stated, the HIMT students do not possess sufficient skills to be employed at the department; however, one hospital has recruited an intern.

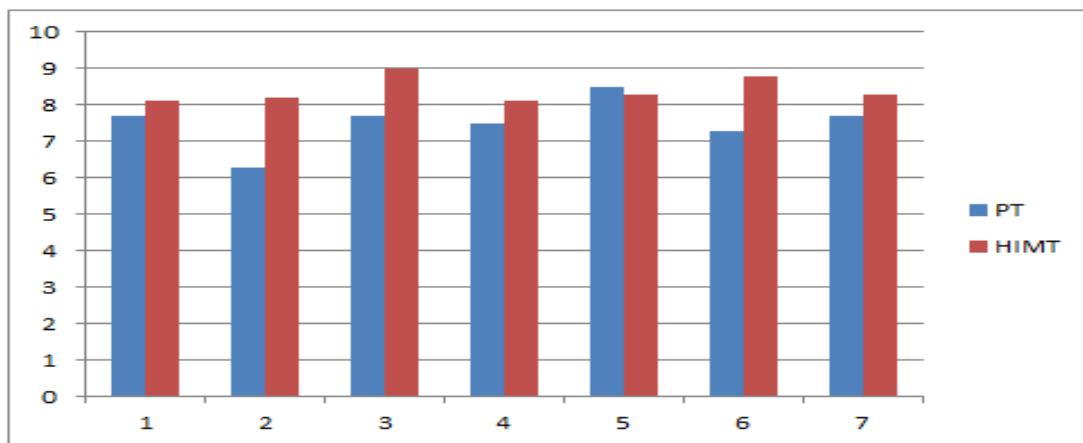


Figure 12: Agreement level on scale statements about students/interns

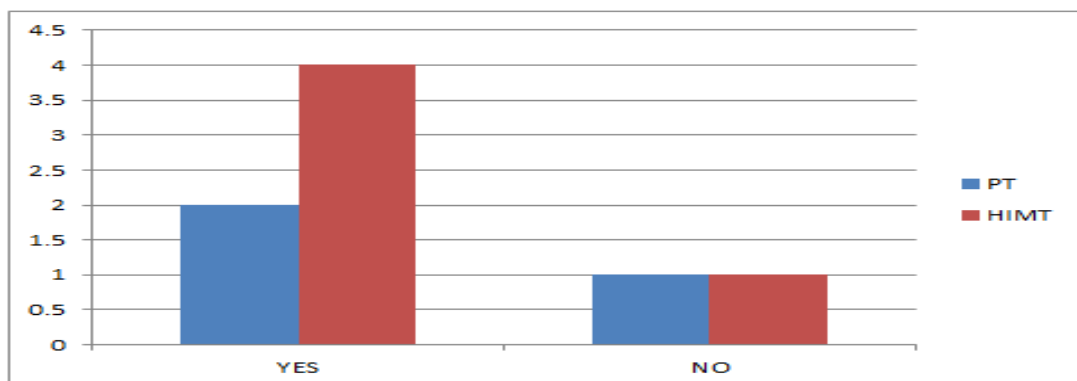


Figure 13: Agreement level of supervisors on scale hiring a/an student/intern

Some supervisors offered valuable recommendations that might help the College improve students' training apart from the previously specified weaknesses of the training/internship that need to be modified. Examples include a suggestion to place greater emphasis on the IT part of the HIMT program, provide more English courses to enhance their language, and encourage students to prepare a short essay in advance of internship/training about their preferences and expectations of the upcoming new experience. This would be a chance for students/interns to express their interests and the weaknesses they seek to correct. Students would be trained and located based on the essay. The college was encouraged to provide a brief description of the curriculum in order to prepare a training/internship program that suits their plan and avoids assigning tasks that are perceived by students/interns as "silly" jobs. Due to a shortage of staff, the university could ask the hospital to prepare a program from their side. The program would be approved and agreed upon between the university and the hospital. A PT supervisor suggested more appreciation from the university about their initiative to train their students. For example,

the college may offer the supervisors the priority to attend available courses at the university, sending invitations to related events or symposia to encourage the supervisors to feel valued and involved. The college could arrange special events periodically to honour trainees in the Eastern Region, especially as they are few. The PT supervisor also requested "a simple reward, just a simple thank you letter".

Two supervisors were not satisfied with the timing of the evaluation form. Some points on the form specified skills to be assessed of which they were not aware that might have a significant impact on the students'/interns' assessments. Supervisor PT-2 stated that she fills

them out nicely, so students/interns can pass. The IT supervisor at the university hospital reported there is limited space to accommodate students and that available rooms are usually occupied. He stated that this could be resolved by the university. Problems that require coordinator intervention are perceived as “major” by the supervisors, while problems that can be solved easily with students/interns are perceived as “minor”.

Discussion

We asked students, interns, alumni, supervisors, and coordinators questions to help identify the actual condition of the university from their perspectives. We made an attempt to gain insight into the level of satisfaction of different users of training/internship and compliance of the two programs with NCAAA standards. We expect variance between programs.

Compliance with NCAAA standards

Firstly, we found that, from the perspective of participants, almost all standards are met quite adequately by the university, while few are disregarded. Questionnaire participants believed that they were appropriately prepared for the new experience and that the learning outcomes of training/internship were clear in advance. Coordinators assumed that they deliver an accurate orientation session to students, although supervisors do not receive as much attention at the beginning. The supervisors disagreed about whether they are intended by the college to be well prepared. The supervisors received no information before students/interns were sent to them for training/internship. Only half of students, interns, and alumni found the training/internship handbook useful. Even though the handbook is prepared by the college, too few are available for the number of students.

Students, interns, and alumni think the internship/training experience broadens their horizons and could link the courses taught to the practical part of training/internship, as asserted by Mihail (2006, cited in Chen, Hu, Wang and Chen, 2011). Some HIMT students complained about the tasks required of them by the IT departments and their irrelevance to the course. Some supervisors agreed on the unsuitability of the IT department to the type of training that the college is offering, despite the fact that some IT supervisors have praised the basic knowledge of students/interns. Supervisors generally considered students/interns from the University of Dammam as being at an acceptable level or somewhat higher.

With regard to standard 4.9.3, responses from coordinators, most supervisors, and most students were consistent about the fact that visits to field work locations were arranged by the college, although some responses were negative. Students/interns do not have the chance to meet with the college officials to share their experiences and obstacles they face. This is in breach of standard 4.9.6.

According to NCAAA (2009), students, supervisors, and coordinators should take part in evaluating the training/internship program, and hospitals should perform safety assessments. About 75 percent of students/interns/alumni evaluated their experiences. Almost everyone who participated in the questionnaire (99 percent of HIMT students and 51 percent of PT students) prepared a report about their experiences. Coordinators and supervisors were not involved officially in training/internship evaluations. One coordinator proposed that reports submitted by students/interns be used as a form of evaluation that could contribute to improving the training/internship program. Although all supervisors are obliged to assess students/interns at the end of every rotation, a conflict exists among supervisors about the timing of receiving the

evaluation form, even though all supervisors eventually receive it. Coordinators did not arrange a risk assessment of the hospital environment to protect the safety of students/interns.

Responses were consistent to provide a definite conclusion. They reflect close compliance with standards 4.9.5 and 4.9.8, partial compliance requiring minor modification with standards 4.9.1, 4.9.3, 4.9.4, 4.9.7, and 4.9.9, and noncompliance with standards 4.9.2, 4.9.6, and 4.9.10. Overall, the college has reached a reasonable level of compliance, although actions should be taken to raise the level of compliance.

Satisfaction of training/internship users

Secondly, we found that positive responses to the majority of questions indicate satisfaction. Almost three quarters of students, interns, and alumni felt appropriately prepared to handle the new experience. In contrast, more than 70 percent of supervisors made serious complaints about the preparation phase in relation to the amount of contact between them and coordinators. Few seemed content about insufficient exposure to observation by coordinators, although nearly all interviewees felt more preparation should be done. Students, interns, and alumni expressed positive attitudes about the working environment, felt an active part of the department, and praised their attendant supervisors. The students/interns impressed the supervisors at the hospitals.

These findings do not take into account the fact that some supervisors were upset about the tasks they were assigning to students/interns that did not provide them with any gain. Conversely, large numbers of students, interns, and alumni were happy with the tasks they were assigned, thought they related to their courses, and felt the tasks helped them to recognize their areas of interest and their weaknesses that require attention. Although some supervisors believed their trainees possibly acquire new skills and gain experience by the end of the program, few

reported the presence of students/interns as either beneficial for the department or the hospital. The supervisors were not aware of the fact that students/interns are potential employees that are already trained (Coco, 2000; Pianko, 1996 cited in Verney, Holoviak and Winter, n.d.). As a possible proof of satisfaction, Great Work Place (2010) reports that a great portion of students, interns, and alumni are interested in their positions as permanent jobs.

A satisfactory amount of contact took place between students/interns and coordinators. Most students, interns, and alumni believed their coordinators were helpful and available for problems that arose during training/internship. Conversely, they felt that meetings were not often arranged by the university to assemble all students/interns to exchange experiences and difficulties and to try to resolve them jointly. According to Taylor (1988), sufficient communication with coordinators could lead to satisfaction of students/interns (cited in Yafang & Gongyong, n.d.). On the other hand, supervisors felt the opposite was true about coordination and communication.

A conclusion about the previous perceptions could be that students, interns, and alumni are moderately satisfied with their training/internship program; whereas, supervisors have certain issues toward the degree of communication the university is providing. Nevertheless, students/interns met the expectations of the departments' supervisors in terms of theoretical background and skills. Coordinators generally seem to be satisfied with the amount of effort they are providing for the benefit of this experience; however, as stated by both PT and HIMT coordinators, shortage of staff and the limited number of available hospitals are possibly the key issues impeding the delivery of a high quality experience.

HIMT program vs. PT program

Thirdly, as designed from the first, we researched two programs. As hypothetically suggested, the HIMT program complied with standards to a greater extent than the PT program. A possibility was that this could lead to more satisfied users. It is worth restating that the PT program is newly introduced to the market in comparison to the HIMT program, which might be a logical explanation of the variation in adherence to standards.

The results of the study show that the HIMT program appears to be following NCAAA standards more than the PT program. The PT program overlooked applying standard 4.9.5, whereby students/interns are not required to prepare a training/internship report. A PT participant suggested that a report be submitted at the end of training/internship. According to the HIMT coordinator, the reports might be effective for improvement opportunities. The HIMT program received fewer negative responses about standard 4.9.6 than the PT program. On the other hand, both programs neglected to comply with standard 4.9.10, which calls for the assessment of the hospitals' environments prior to sending students/interns for training.

The HIMT participants were more satisfied with the training/internship program, from its preparation at the beginning to the evaluation at the end. With regard to the PT program, a policy at Hospital 3 forbids PT students/interns from approaching patients, which might prevent an ultimate advantage of the course of training/internship; one participant raised this point. The linkage between the theoretical course and practical training seems to be clearer in the PT program. The PT students, interns, and alumni showed more interest in the job position of their training/internship program than those in the HIMT program. Similarly, all PT supervisors found the experience mutually beneficial for both them and the students/interns, while only about half of those in the HIMT program did. The HIMT supervisors were more satisfied with the level of students'/interns' skills and knowledge than were the PT supervisors. All supervisors believed

students/interns were likely to manifest good progression at the end. Despite this, the HIMT participants and some supervisors stated that some tasks do not relate to their needs and expectations, especially in the IT department. One HIMT participant requested attention to be given to the IT department training plan. As reported by an HIMT participant, the HIMT profession is not widely recognized in most hospitals, and supervisors should be informed about it.

The HIMT supervisors, on average, rated students/interns higher in terms of performance, attendance, progression, and quantity and quality of work than the PT supervisors did; however, one supervisor from each program rejected the idea of recruiting students/interns. The PT students'/interns' abilities impressed their supervisors and were found to be satisfactory for a vacant trainee position. An exception was one supervisor who was not interested in recruiting one of the students/interns. The IT supervisors believed the HIMT students/interns did not possess the basic IT background necessary to carry out their assigned tasks, although an IT supervisor reported that one intern was recruited as a systems analyst. The remaining HIMT supervisors had both a high willingness to hire the students/interns and good impressions about their abilities.

The PT and HIMT coordinators rarely received complaints from supervisors and students/interns, possibly indicating that their expectations were met. Most supervisors of both programs were upset about the considerable lack of communication and coordination with the university. All (100%) PT supervisors reported the lack of communication and coordination, while 67 percent of HIMT supervisors did. QI-1 and IT-1 had reasonable communication with the university. Hospital-1 belongs to the university and reports that supervisors at this hospital

had connections with staff at the university, which accounts for their good communication with coordinators, as opposed to all other supervisors.

It could be said that the minor differences between the HIMT and PT users' responses might not be sufficient grounds for believing that PT earns more credit in terms of satisfaction and compliance. From a prompt categorization of supervisors' responses, it could be disclosed that supervisors of both programs seem to have their needs equally satisfied with more satisfaction about HIMT students/interns. The HIMT program appears to be performing better than the PT program in both compliance with NCAAA and meeting the expectations of users of training/internship, except that the IT aspect of the HIMT program might be a source of confusion that needs to be verified.

We detected a correlation between satisfaction and compliance with NCAAA standards. Results showed that satisfaction of all individuals involved in this experience is likely to happen whenever standards are being met. This supports the fact stated by Ali, et al. (2010), Oprean, et al. (2008) (cited in Oprean, Kifor and Cioca, 2010), and Smith (1997) that quality might assert satisfaction. The former could be investigated thoroughly in a separate study. In addition, a number of circumstances emerged during the study that helped to introduce ideas that could be either avoided or considered at a later date.

Training and internship programs might be better divided into separate studies, allowing the focus of each study to concentrate on a specific group of participants, rather than varied groups. This would avoid having a topic of such wide scope.

Conclusion

The emergence of quality management in the higher education sector introduced the essence of academic accreditation. Educational institutions strive to seek accredited status as an indicator of excellence and appreciation.

This study was conducted at the University of Dammam, particularly the College of Applied Medical Sciences, to explore the extent to which this college complies with NCAAA standards. The NCAAA comprises a large number of standards; however, the scope of this study emphasized only those standards related to training and internship experiences. In addition to compliance with standards, this study investigated the satisfaction of different users of this experience in the light of the perspectives of coordinators, supervisors, students, interns, and alumni.

We researched only two programs, Health Information Management and Technology and Physical Therapy. We included a comparison of both programs in terms of the above two objectives. The questionnaire targeted students, interns, and alumni, while the interview targeted coordinators and supervisors. The end results of the study showed that the training/internship experience of these two programs follows the standards of NCAAA reasonably well. Despite that, hospitals are not being assessed about their safety, and meetings are not being arranged to assemble students/interns to discuss their experiences, as these are two of NCAAA's standards of field work experience. The satisfaction of users of this experience met with certain challenges. The absence of proper coordination and adequate contact dominated most of the users' concerns. It appears that the HIMT program earned more credit for complying with NCAAA standards and meeting the needs and expectations of the users of the training/internship course.

Finally, quality management is a continuous process. Each evaluation of the current situation is considered an improvement opportunity for the following year. The disclosure of

deficiencies could be seen positively as an opportunity to improve the training/internship experience.

Acknowledgements

It is important to note firstly that the accomplishment of this dissertation was one of the most academic challenges I have ever experienced. Apart from the efforts I dedicated to complete it, I would never have been able to finish it without the help and support of all surrounded me from the beginning.

I would like to express my greatest gratitude to my advisor, Professor Ray Land, for his guidance and help. Every meeting with him provides me the empowerment and encouragement to pursue the study.

I would also like to take this opportunity to show my appreciation for my parents, brothers, sisters and friends for being there for me and providing me the support I needed to successfully accomplish this work-intensive research.

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Appendix A

Standards of Field Work Activities
Of NCAAA

NCAAA Standards

Area 4: Learning and Teaching

4.9 Field Experience Activities

- 4.9.1 Intended student learning outcomes from the field experience should be clearly specified and effective processes followed to ensure that those learning outcomes, and strategies to develop that learning, are understood by students and supervising staff in the field setting.
- 4.9.2 Supervising staff in field locations should be thoroughly briefed on their role and the relationship of the field experience to the program as a whole.
- 4.9.3 Teaching staff from the program should visit the field setting for observations and consultations with students and field supervisors often enough to provide proper oversight and support. (Normally at least twice during a field experience activity)
- 4.9.4 Students should be thoroughly prepared for participation in the field experience through briefings and descriptive material.
- 4.9.5 Students should be required to prepare a report on their field experience that is appropriate for the nature of the activity and the learning outcomes expected.
- 4.9.6 Arrangements should be made through follow up meetings or classes for students to reflect on and generalize from their experience, applying that experience to situations likely to be faced in later employment.
- 4.9.7 Field experience placements that are selected should have the capacity to develop the learning outcomes sought and their effectiveness in developing that learning should be evaluated.
- 4.9.8 If supervisors in the field setting and teaching staff from the institution are both involved in student assessments, criteria for assessment should be clearly specified and explained, and procedures established for reconciling differing opinions.
- 4.9.9 Provision should be made for evaluations of the field experience activity by students, by supervising staff in the field setting, and by teaching staff of the institution, and the results of those evaluations considered in subsequent planning.
- 4.9.10 Preparations for the field experience should include a thorough risk assessment for all parties involved, and plans to minimize and deal with those risks.

(NCAAA, 2009, p.g.20-21)

Appendix B

Training/Internship Questionnaire

Training/Internship Survey

This is Danah AlThukair, a masters student studying Educational Assessment. I am undertaking a small-scale research study. The aim is to evaluate the field work experience from the perspective of students and supervisors in the light of NCAAA predetermined standards. Additionally, the study will investigate the degree of variance across Health Information Management and Technology, and, Physical Therapy programs in the adherence to the specified standards.

Privacy Notice

- The information that you contribute will be anonymous. You will never be identified.
- You do not have to fill in this survey if you don't want to, but it would be very helpful to do so.
- It may be assumed that your completion of this questionnaire indicates your consent.

Kindly rate the statements below on a scale of 1-4

A. Preparation

	Strongly Disagree	Disagree	Agree	Strongly Agree
The orientation for training/internship increased my level of comfort with the process, and, with my responsibilities as a trainee/intern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship handbook was clear and very useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning outcomes were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I was well prepared for my training/internship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Training/Internship Posting

	Strongly Disagree	Disagree	Agree	Strongly Agree
My training/internship supervisor provided an orientation to the training/internship department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I started my internship, I felt accepted and welcomed by my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my presence at the organization made a positive contribution to professionals at training/internship site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training/internship tasks were relevant to my academic course work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If an appropriate job were open at this department, I would apply for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my experience as a/an trainee/intern met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Professional Skills and Knowledge

	Strongly Disagree	Disagree	Agree	Strongly Agree
I learned new skills and knowledge in my internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My training/internship supervisor showed interest in my suggestions/ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained insight into the work environment and field of my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to integrate theory (Academic Learning) and practice (Work Experience).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classes became more meaningful after my training/internship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed an awareness of areas in which I needed growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Evaluation and Feedback

	YES	NO
UD Training/internship coordinator visited me at field location for observation.	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to freely evaluate my experience at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
I am asked to prepare a report at the end of each training/internship rotation.	<input type="checkbox"/>	<input type="checkbox"/>

Meetings were arranged
by University of
Dammam to reflect and
share my
training/internship
experience throughout
the course.

☐☐

I was heard and
responded to when I
raised issues about the
internship process with
internship coordinator.

☐☐

What could have been done to make this experience more successful?

What information could be added to the internship information manual to make it more useful?

Any other comments or suggestions about your training/internship course?

I am a/an:

☐ Student

☐ Intern

☐ Alumna

Class of:

Program☐ HIMT☐ PT**If you are a/an student/intern please specify the below:**

Name of the hospital:

Department:

Start & end date of training/internship:

Number of hours per week:

If you are an alumna, please list the hospitals that you have been trained at:

Hospital and Department

Hospital and Department

Hospital and Department

Hospital and Department

You have completed this survey!

Thank you for completing the questionnaire

Your participation is greatly appreciated

Appendix C

Interview Guide Questions

Interview Supervisors

Student/intern:

- 1) Do you think students/interns have sufficient knowledge to carry out their assigned tasks?
- 2) Do usually students/interns posse skills needed for this training/internship?
If yes, please explain in detail.
- 3) Do students/interns make sufficient progress in the internship?
- 4) Do students/interns meet your expectation of training/internship course?
- 5) Do you consider the internship experience mutually beneficial, that is, to both the student/intern and the hospital? How?
- 6) Do you have the opportunity to freely evaluate students/intern?

The following are 10 statements regarding students. Could you please rate each one on a scale of 0-10.

10 indicates very high, while 0 indicates very low.

- a. How dependable are the students/interns concerning your work schedule? (submission of work+ follow planned schedules)
- b. How much initiative do the students/interns show?
- c. How would you rate the students/interns attendance during the internship?
- d. How would you rate the quantity of work the students/interns produced?
- e. How would you rate the quality of work the students/interns produced?
- f. How would you rate the student's/intern's progress throughout the internship?
- g. How would you rate the student's/intern's overall performance?
- h. Would you consider hiring one of the students/interns? **Yes or No**

Coordinator:

- 7) Does the training/internship coordinator inform you and explain students' learning outcomes? as well as your role as a training/internship supervisor?
- 8) Does the training/internship coordinator explain and brief the relationship of the training/internship to the program (HIMT or PT)?
- 9) Do you feel you have adequate contact with the internship coordinator during training course?
- 10) Does the training/internship coordinator share and explain criteria for student assessment? As a guidance to fill the evaluation form.
- 11) Does the training/internship coordinator arrange periodic meeting to discuss students/interns concerns and training/internship issues? How often?

At last:

- 12) Do you face any problems during internship?
- 13) Do you have any recommendations regarding the Internship Program? We are very interested in the development of our program; hence your recommendations are appreciated.

Example of a Response

Interview Supervisors

Student/intern:

14) Do you think students/interns have sufficient knowledge to carry out their assigned tasks?

15) Do usually students/interns posse skills needed for this training/internship?

If yes, please explain in detail.

I always adjust it to their knowledge or skills or what they posse according what I notice and observe from them at the first week. Always found the tasks that would be safe and they could do after discussing with my colleagues and who are going to supervise them. We did not ever have the problem to give them suitable task, but it takes up to 2 months before they are able to handle their own patients and do the documentation. It takes quite a long time but I feel they are young they do not have any experience but concerning their studies they are fairly fine.

They have their own patients after we are sure that they can handle them and their cases.

I have never forced them to diagnose patients as other therapists have their choice, they only get the papers and if they feel they can do it we get to do some changes.

If it is complicated they refuse handle the case and ask to observe only.

They are able.

It is difficult to ask me who comes from the middle of Europe we have very strict educational system and I was surprised at the beginning.

I have been here for four years so I got used to many things. At the beginning if you asked me the same question I would say no. but, now I learned and I know that you can do some manipulations and find a task according to their abilities regardless if her/she was a therapist of intern.

And also it depends if it was their first or second rotation or at the end. It does not matter in the theoretical basis, it matters if they did internship before they are more familiar and used to the experience. They have to come and there is attendance sheet.

At the early rotations we usually face minor problem, but at the end they are more familiar with the process and they have some sense of responsibility. So it depends on the personality and how much experience they have.

Late rotations are more comfortable and confident to deal with patients and know how to approach the patient and no scared to try anything new. They already shacked off all the nervous. A big difference.

16) Do students/interns make sufficient progress in the internship?

For sure. Even at the end of the rotation, you can see the difference between the first weeks and the last weeks. At the beginnings they are share and do not know the environment and not sure all the equipment are different than the previous ones. So its all about the adjustment period very sure time but you can see the difference.

I am not sure about the knowledge but its more about the experience with the patient. New people new environment new equipment.

17) Do students/interns meet your expectation of training/internship course?

18) Do you consider the internship experience mutually beneficial, that is, to both the student/intern and the hospital? How?

Yes. They take some of the work.

19) Do you have the opportunity to freely evaluate students/intern?

Yes.

Coordinator:

- 20) Does the training/internship coordinator inform you and explain students' learning outcomes? as well as your role as a training/internship supervisor?
- 21) Does the training/internship coordinator explain and brief the relationship of the training/internship to the program (HIMT or PT)?
- BIG NO. TO ALL THE QUESTIONS RELATED TO THE COORDINATOR. THERE IS NO FEED BACK NO PREPARATION. ALWAYS WHAT I KNEW IS FROM THE INTERNS THEMSELVES. NO EXPLANATION OR WHAT SO EVER NO CONTRACT NO PAPERS. I DON'T KNOW WHAT IS MY RESPONSIBILITIES AND WHAT ARE THE RESPONSIBILITIES OF THE HOSPITAL. BECAUSE WE FACED A PROBLEM WITH AN INTERNS, SHE WAS NOT COMING AND WE DO NOT KNOW IF THE HOSPITAL IS RESPONSIBLE OF HER IF SOMETHING HAPPENDS TO HER IF GOD FORBID. I DID KNOW HOW MUCH I AM SUPPOSED TO PUSH HER AND PRESSURE HER OR SHAL I GO TALK TO THE UNIVERSITY.
- THE PAPERS I GET FROM UD ARE THE EVALUATION FORM THE DAY BEFORE THEY LEAVE AND ASK ME TO FILL IT FOR THEM IN ORDER TO GET THEIR CERTIFICATE. I DIDN'T KNOW THAT I AM SUPPOSED TO FOCUS ON THESE QUESTIONS. NO ORGANIZATION IN THIS IS INVOLVED.
- 22) Do you feel you have adequate contact with the internship coordinator during training course?
- No. I always communicate through the intern. Once or twice they brought me the papers but I was the one who initiate the talk.
- There should be a coordinator who makes sure that everything is going well. SURPRISINGLY It is not difficult, just give me a piece of paper at the beginning and telephone number so I could verify if any problem arises.
- The problem underpins in the hospital its self. What information the HR department get, I don't get. So I don't want to blame the university only. May be they have some information I have never receive. It's also an amazing place there. You can compare our situations with other hospitals, if there is a big difference and we are off among them, then the problem if from the hospital.
- 23) Does the training/internship coordinator share and explain criteria for student assessment? As a guidance to fill the evaluation form.
- 24) Does the training/internship coordinator arrange periodic meeting to discuss students/interns concerns and training/internship issues? How often?

At last:

- 25) Do you face any problems during internship?
- I want to know what this hospital this department and I as the head of the department are responsible for. I believe there are some responsibilities that come along with the training we provide.
- They inform me about the evaluation form the day before they leave. They ask me to fill it out for them. I didn't know that I had to give them this kind of patient. The institution could corporate when it comes about paper work.
- The whole program was never explained to us and the requirements and how are we going to score them. If we had some a little bit structure of the program ahead of us. So I can talk to the interns before and really make sure that she understands that I am going to follow this program.
- So I just fill out nicely for them so they could pass without knowing that I was supposed to look at these things.
- 26) Do you have any recommendations regarding the Internship Program? We are very interested in the development of our program; hence your recommendations are appreciated.

Ends the interview with: I am happy having them for sure and I am unhappy when it doesn't go the way it should, otherwise everything is good. The majority of students were great for both.

Preparation:

Not much preparation involved. I am usually informed by the HR department or medical director that interns would be trained in our department. According to our status and how many interns we have I feel that it could be mutually beneficial then according to the current status I give them the answer ok. Accept or don't.

It's been only 2 years since we started accepting interns from the University of Dammam. The hospital has been in the market for 5 years only.

The maximum number of inters is 3, because the department is medium to small- sized and a small hospital of only 100 beds which is not fully loaded.

If the department is overloaded, interns have 2 schedules/shifts; from 8-4 9-5 10-6 they are covering more time for us.

They work well and it depends on the personality of each student and they are learning and not bored and we are quite busy I do not feel that they do not have enough time ?. 3:30

Interview

Training/internship Coordinator

Student/Interns:

- 1) How do you prepare students/interns for training/internship course? Do students get training/internship handbook?
- 2) Do you discuss learning outcomes, expectations, goals with students/interns?
- 3) Have learning outcomes from this course been specified and documented?
- 4) Do you usually visit every student/intern at her training/internship? How often?
- 5) What topics/concerns do you usually discuss with students/interns?
- 6) Do students prepare a report at the end of each rotation?
- 7) Are there criteria for assessment? If yes, have it been shared with students and supervisors at training/internship locations? **(Copy of the criteria)**
- 8) Do you usually receive complaints from students/interns?
- 9) What kind of complaints?
- 10) Do you arrange follow up meetings or classes for students to discuss and share their experience?
- 11) Do you, students and supervisors have the opportunity to evaluate their training/internship experience? Is it arranged for each rotation or the training/internship as a whole? **(Copy of the evaluation form)**

Hospitals:

- 12) How are hospitals chosen to provide training/internship course? Do all hospitals have the capacity to meet learning outcomes and goals?
- 13) Are their some criteria of selection?
- 14) Since hospitals are considered as hazardous environment, do you usually assess the environment to minimise the risk involved before placing students/interns?

Internship supervisors:

- 15) Do supervisors at the field location be briefed on their roles, responsibilities and expectations from the training/internship? How? Is it documented at their side?
- 16) Are learning outcomes of students/interns shared with supervisors? How?
- 17) Do you usually arrange meetings with supervisors?
- 18) How often?
- 19) What topics/concerns do you usually discuss with the supervisor?
- 20) Do you receive any complaints from them? What kind?

Example of Coordinator Response

Student/Interns:

How do you prepare students/interns for training/internship course?

21) Do students get training/internship handbook?

First thing we do in the orientation lecture. We give them an overview of the whole internship and then we bring some intern to come and speak to them about the experience. Complete one form and schedule.

Initially we used to give them handbook and then later on the handbook ran out.

So we give them some parts of the handbook. Electronic copies.

Now we revised the handbook and give them a copy.

22) Do you discuss learning outcomes, expectations, goals with students/interns?

Summaries what is the internship. Motivate them and tell them that the internship has many experience and then summaries the handbook.

What they expect at the end of the internship.

The role and the expectation.

23) Have learning outcomes from this course been specified and documented?

All of the rights and role expectations are documented in the handbook.

24) Do you usually visit every student/intern at her training/internship? How often?

Yes, once in every rotation and we organize try involve all the faculty member send out a list of all the hospital and where the interns are located and then to ask them to choose which one they want to visit,. Then based on that we create a table and schedule.

When they come back they give us their feedback.

25) What topics/concerns do you usually discuss with students/interns?

26) Do students prepare a report at the end of each rotation?

Yes. We do check list of all the reports and evaluation before giving them the clearance.

27) Are there criteria for assessment? If yes, have it been shared with students and supervisors at training/internship locations? **(Copy of the criteria)**

28) Do you usually receive complaints from students/interns?

29) What kind of complaints?

Yes we get complaints. Sometimes during the rotation sometimes sadly at the end.

Those During the rotation we try to correct it for example the supervisor does not give them a plan or does not treat them properly we try to correct it.

The supervisor does not respect interns privacy he does not bother about mixing and they want separation. We try to correct

Once we hear about the complaints, we try to correct.

But some do not tell us. Only at the end we get to realize the problem

For example One intern at the end we realize they have not exposed to all sections of quality only one sections. We want to be exposed to all sections and stay in one.

It depends on the seriousness of the interns. If they are very serious and tell us early we correct it.

30) Do you arrange follow up meetings or classes for students to discuss and share their experience?

Bring them once to training them on Professional skills – CV writing. Basically we do not bring them We go to visit them.

31) Do you, students and supervisors have the opportunity to evaluate their training/internship experience? Is it arranged for each rotation or the training/internship as a whole? **(Copy of the evaluation form)**

Supervisors yes. Example of the form

Coordinator: no. each internship improves the following internship. It is evolving one experience improves the next.

Hospitals:

32) How are hospitals chosen to provide training/internship course? Do all hospitals have the capacity to meet learning outcomes and goals?

33) Are there some criteria of selection?

Most of the hospitals are well established and we give flexibility to students to choose the hospitals we are supposed to verify that the hospital has got all the training facilities. But because of the shortage of manpower we only assume.

They want to go to hospital we approve, then tell us about the training at the chosen hospital.

We do not have many resources to go and verify, this is ideally.

We take notes from their reports and use the notes to tell the students about the hospital.

When we give the students a list of choices hospitals and give students some confidential information about the hospitals based on what we learned from interns reports.

Example on the papers.

We encourage them to write their shortage comments and challenges in the report

So they use the report indirectly as an evaluation of the supervisor and hospital to enhance the experience.

We discourage students to go to hospitals that usually have low evaluation rate but do not exclude it from the choices.

34) Since hospitals are considered as hazardous environment, do you usually assess the environment to minimise the risk involved before placing students/interns?

No. they usually go to the hospital they give them safety training and orientation.

Internship supervisors:

35) Do supervisors at the field location be briefed on their roles, responsibilities and expectations from the training/internship? How? Is it documented at their side?

36) Are learning outcomes of students/interns shared with supervisors? How?

We do not meet them at the beginning of the internship. Only during the internship.

Some hospitals are established so we do not go to the supervisors. It is very good to meet new supervisors at the beginning.

We try to give supervisors a plan of training and what is expected. Some of them they have them and some we give it to students to pass it to them.

What is supposed to happen actually? To go to the supervisor in advance and give them the manual and orient them.

37) Do you usually arrange meetings with supervisors?

38) How often?

above

39) What topics/concerns do you usually discuss with the supervisor?

Supervisors: We try to find out the Attendance of the interns – punctuality - work ethics are they taking the work serious – training plan have the supervisors developed the plan and how is the training going. If the supervisor has it we encourage him to create one

Interns:

40) Do you receive any complaints from them? What kind?

Few. Sometimes where the students not taking the internship seriously like phone calls and all this so supervisors tell us that they are not happy

But it is not often.

Usually supervisors are very impressed. They are happy with students.

Interns are generally very good because they have high GPA THEY KNOW GPA gone through ethics course being very well and professional.

Additional notes:

1. Change the rotation from 3 rotations to 4 rotations. Change the structure. The reason we did that was some of them were complaining. That the MR rotation was very long according to them they do not have much and new things to learn because they cover everything. It looks a bit boring for some of them

After discussing with staff member, we got different options. They agreed on the four rotations and we tried it and Hamdulla it worked. Students cover in the first 3 rotations MR IT QI Research and then for the fourth rotation they choose one of them. Depends on their interests.

2. One thing which we are supposed to do the internship should feedback to the teaching.

The internship reports should. students face the environment and sometimes they ask students to perform some tasks which they are not familiar require some skills that they do not have and must learn by their own. So we supposed to use these internship report back into the teaching and fill gaps in the teaching

We have set it informally but we have not formalized it.

Appendix D

Informed Consents

(Students - Supervisors - Coordinators)



Durham
University

School of Education

Shaped by the past, creating the future

Dear student,

I am undertaking a small-scale research study. The aim is to evaluate the field work experience from the perspective of students and supervisors in the light of NCAAA predetermined standards. Additionally, the study will investigate the degree of variance across Health Information Management and Technology and Physical Therapy programs in the adherence to the specified standards.

Participants for this study are chosen from Physical Therapy and, Health Information Management and Technology programs. Participants are asked to complete a questionnaire.

Thank you for agreeing to take part in the study, which has ethical approval from the University of Durham. All questionnaires will be strictly confidential, with findings reported anonymously.

It is not my intention that any participant feels stressed by this process. You are free to withdraw from this study at any time—simply contact me to say that you wish to take no further part. It is anticipated that all data collected during the course of this study will be retained for a period of one year following successful completion of the Masters. If you require any further information about the study anytime, again, please contact me on the details below.

Once again, thank you for your time. I would now be grateful if you could sign and date the declaration below to show that you have given your informed consent to take part in this study.

Signature: _____

Date: _____

Contact details for further information:

Danah AlThukair
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Mobile: UK: +44 77 34909774 - KSA: +966 503 829943
Email: danah.althukair@durham.ac.uk

This work is overseen by:

Professor Ray Land
Director, CAPLE
Ray.land@durham.ac.uk



Shaped by the past, creating the future

Dear supervisor,

I am undertaking a small-scale research study which is aiming at evaluating the field work experience from the perspective of students and supervisors in the light of NCAAA predetermined standards. Additionally, the study will investigate the degree of variance across Health Information Management and Technology and Physical Therapy programs in the adherence to the specified standards.

Participants for this study are chosen from different hospitals that provide training/internship courses to students. Participants are asked to be interviewed.

Thank you for agreeing to take part in the study, which has ethical approval from the Durham University. I wish to tape record the interviews for late transcription. All interviews will be strictly confidential, with findings reported anonymously.

It is not my intention that any participant feels stressed by this process. If, in the course of interviews, you are uncomfortable with any of the questions asked, please decline to answer. You are free to withdraw from this study at any time—simply contact me to say that you wish to take no further part. It is anticipated that all data collected during the course of this study will be retained for a period of one year following successful completion of the Masters. If you require any further information about the study anytime, again, please contact me on the details below.

Once again, thank you for your time. I would now be grateful if you could sign and date the declaration below to show that you have given your informed consent to take part in this study.

Signature:

Date:

Contact details for further information:

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Durham University is the trading name of the University of Durham



Durham
University

School of Education

Shaped by the past, creating the future

Dear internship coordinator,

I am undertaking a small-scale research study. The aim is to evaluate the field work experience from the perspective of students and supervisors in the light of NCAAA predetermined standards. Additionally, the study will investigate the degree of variance across Health Information Management and Technology and Physical Therapy programs in the adherence to the specified standards.

Participants for this study are chosen from Physical Therapy and Health Information Management and Technology programs. Participants are asked to be interviewed.

Thank you for agreeing to take part in the study, which has ethical approval from the Durham University. I wish to tape record the interviews for late transcription. All interviews will be strictly confidential, with findings reported anonymously.

It is not my intention that any participant feels stressed by this process. If, in the course of interviews, you are uncomfortable with any of the questions asked, please decline to answer. You are free to withdraw from this study at any time—simply contact me to say that you wish to take no further part. It is anticipated that all data collected during the course of this study will be retained for a period of one year following successful completion of the Masters. If you require any further information about the study anytime, again, please contact me on the details below.

Once again, thank you for your time. I would now be grateful if you could sign and date the declaration below to show that you have given your informed consent to take part in this study.

Signature: _____

Date: _____

Contact details for further information:

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This work is overseen by:

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Appendix E

Analysis Results

(Questionnaire)

Table 1: Training/Internship evaluation survey results. Data are number of respondents (%)

Items		Strongly disagree	Disagree	Agree	Strongly agree
A. Preparation					
Q1	The orientation for training/internship increased my level of comfort with the process, and, with my responsibilities as a trainee/intern.	8 (6.6)	11 (9.1)	68 (56.2)	34 (28.1)
Q2	Internship handbook was clear and very useful	32 (26.4)	28 (23.1)	51 (42.1)	10 (8.3)
Q3	Learning outcomes were clear	13 (10.7)	24 (19.8)	72 (59.5)	12 (9.9)
Q4	Overall, I was well prepared for my training/internship	10 (8.3)	24 (19.8)	72 (59.5)	15 (12.4)
B. Training/Internship Posting					
Q5	My training/internship supervisor provided an orientation to the training/internship department.	13 (10.7)	18 (14.9)	68 (56.2)	22 (18.2)
Q6	When I started my internship, I felt accepted and welcomed by my co-workers.	16 (13.2)	21 (17.4)	55 (45.5)	29 (24)
Q7	I felt that my presence at the organization made a positive contribution to professionals at training/internship site.	18 (14.9)	30 (24.8)	50 (41.3)	23 (19)
Q8	Training/internship tasks were relevant to my academic course work.	12 (9.9)	18 (14.9)	68 (56.2)	23 (19)
Q9	If an appropriate job were open at this department, I would apply for it.	18 (14.9)	17 (14)	59 (48.8)	27 (22.3)
Q10	Overall, my experience as a/an trainee/intern met my expectations.	17 (14)	25 (20.7)	62 (51.2)	17 (14)
C. Professional Skills and Knowledge					
Q11	I learned new skills and knowledge in my internship	10 (8.3)	6 (5)	67 (55.4)	38 (31.4)
Q12	My training/internship supervisor showed interest in my suggestions/ideas.	16 (13.2)	30 (24.8)	54 (44.6)	21 (17.4)
Q13	I gained insight into the work environment and field of my interest.	9 (7.4)	14 (11.6)	73 (60.3)	25 (20.7)
Q14	I was able to integrate theory and practice	11 (9.1)	19 (15.7)	67 (55.4)	24 (19.8)
Q15	My classes became more meaningful after my training/internship.	8 (6.6)	21 (17.4)	61 (50.4)	31 (25.6)
Q16	I developed an awareness of areas in which I needed growth.	11 (9.1)	15 (12.4)	60 (49.6)	35 (28.9)
D. Evaluation and Feedback					
Q17	UD Training/internship coordinator visited me at field location for observation.	-	49 (40.5)	72 (59.5)	-
Q18	I have the opportunity to freely evaluate my experience at the hospital.	-	49 (40.5)	72 (59.5)	-
Q19	I am asked to prepare a report at the end of each training/internship rotation.	-	25 (20.7)	96 (79.3)	-
Q20	Meetings were arranged by University of Dammam to reflect and share my training/internship experience throughout the course.	-	75 (62)	46 (38)	-
Q21	I was heard and responded to when I raised issues about the internship process with internship coordinator.	-	45 (37.2)	76 (62.8)	-

Table 2: Training/Internship evaluation survey results by respondents status. Data are number of respondents (%)

Items		Alumna	Intern	Student
A. Preparation				
Q1	The orientation for training/internship increased my level of comfort with the process, and, with my responsibilities as a trainee/intern.	33 (82.5)	35 (92.1)	34 (79.1)
Q2	Internship handbook was clear and very useful	23 (57.5)	27 (71.1)	11 (25.6)
Q3	Learning outcomes were clear	27 (67.5)	31 (81.6)	26 (60.5)
Q4	Overall, I was well prepared for my training/internship	30 (75)	31 (81.6)	26 (60.5)
B. Training/Internship Posting				
Q5	My training/internship supervisor provided an orientation to the training/internship department.	35 (87.5)	28 (73.7)	27 (62.8)
Q6	When I started my internship, I felt accepted and welcomed by my co-workers.	36 (90)	31 (81.6)	17 (39.5)
Q7	I felt that my presence at the organization made a positive contribution to professionals at training/internship site.	33 (82.5)	27 (71.1)	13 (30.2)
Q8	Training/internship tasks were relevant to my academic course work.	30 (75)	31 (81.6)	30 (69.8)
Q9	If an appropriate job were open at this department, I would apply for it.	32 (80)	30 (78.9)	24 (55.8)
Q10	Overall, my experience as a/an trainee/intern met my expectations.	34 (85)	23 (60.5)	22 (51.2)
C. Professional Skills and Knowledge				
Q11	I learned new skills and knowledge in my internship	38 (95)	36 (94.7)	31 (72.1)
Q12	My training/internship supervisor showed interest in my suggestions/ideas.	28 (70)	27 (71.1)	20 (46.5)
Q13	I gained insight into the work environment and field of my interest.	38 (95)	33 (86.8)	27 (62.8)
Q14	I was able to integrate theory and practice	32 (80)	29 (76.3)	30 (69.8)
Q15	My classes became more meaningful after my training/internship.	30 (75)	35 (92.1)	27 (62.8)
Q16	I developed an awareness of areas in which I needed growth.	34 (85)	35 (92.1)	26 (60.5)
D. Evaluation and Feedback				
Q17	UD Training/internship coordinator visited me at field location for observation.	27 (67.5)	25 (65.8)	20 (46.5)
Q18	I have the opportunity to freely evaluate my experience at the hospital.	23 (57.5)	23 (60.5)	26 (60.5)
Q19	I am asked to prepare a report at the end of each training/internship rotation.	36 (90)	26 (68.4)	34 (79.1)
Q20	Meetings were arranged by University of Dammam to reflect and share my training/internship experience throughout the course.	12 (30)	12 (31.6)	22 (51.2)
Q21	I was heard and responded to when I raised issues about the internship process with internship coordinator.	34 (85)	27 (71.1)	15 (34.9)

Table 3: Training/Internship evaluation survey results by programs. Data are number of respondents (%)

Items		HIMT	PT
A. Preparation			
Q1	The orientation for training/internship increased my level of comfort with the process, and, with my responsibilities as a trainee/intern.	64 (88.9)	38 (77.6)
Q2	Internship handbook was clear and very useful	42 (58.3)	19 (38.8)
Q3	Learning outcomes were clear	53 (73.6)	31 (63.3)
Q4	Overall, I was well prepared for my training/internship	53 (73.6)	34 (69.4)
B. Training/Internship Posting			
Q5	My training/internship supervisor provided an orientation to the training/internship department.	57 (79.2)	33 (67.3)
Q6	When I started my internship, I felt accepted and welcomed by my co-workers.	57 (79.2)	27 (55.1)
Q7	I felt that my presence at the organization made a positive contribution to professionals at training/internship site.	47 (65.3)	26 (53.1)
Q8	Training/internship tasks were relevant to my academic course work.	54 (75)	37 (75.5)
Q9	If an appropriate job were open at this department, I would apply for it.	50 (69.4)	36 (73.5)
Q10	Overall, my experience as a/an trainee/intern met my expectations.	49 (68.1)	30 (61.2)
C. Professional Skills and Knowledge			
Q11	I learned new skills and knowledge in my internship	65 (90.3)	40 (81.6)
Q12	My training/internship supervisor showed interest in my suggestions/ideas.	44 (61.1)	31 (63.3)
Q13	I gained insight into the work environment and field of my interest.	62 (86.1)	36 (73.5)
Q14	I was able to integrate theory and practice	57 (79.2)	34 (69.4)
Q15	My classes became more meaningful after my training/internship.	53 (73.6)	39 (79.6)
Q16	I developed an awareness of areas in which I needed growth.	57 (79.2)	38 (77.6)
D. Evaluation and Feedback			
Q17	UD Training/internship coordinator visited me at field location for observation.	46 (63.9)	26 (53.1)
Q18	I have the opportunity to freely evaluate my experience at the hospital.	46 (63.9)	26 (53.1)
Q19	I am asked to prepare a report at the end of each training/internship rotation.	71 (98.6)	25 (51)
Q20	Meetings were arranged by University of Dammam to reflect and share my training/internship experience throughout the course.	35 (48.6)	11 (22.4)
Q21	I was heard and responded to when I raised issues about the internship process with internship coordinator.	50 (69.4)	26 (53.1)

Appendix F

Analysis Results

(Interviews)

Results of Interviews with supervisors:

#	Items	Number of responses		
		Yes	Limited	No
	Student/intern:			
1	Do you think students/interns have sufficient knowledge to carry out their assigned tasks?	6 (60)	4 (40)	0 (0)
2	Do usually students/interns posse skills needed for this training/internship?	6 (60)	4 (40)	0 (0)
3	Do students/interns make sufficient progress in the internship?	8 (80)	2 (20)	0 (0)
4	Do students/interns meet your expectation of training/internship course?	7 (70)	3 (30)	0 (0)
5	Do you consider the internship experience mutually beneficial, that is, to both the student/intern and the hospital? How?	7 (70)	3 (30)	0 (0)
6	Do you have the opportunity to freely evaluate students/intern?	9 (90)	1 (10)	0 (0)
	Coordinator:			
7	Does the training/internship coordinator inform you and explain students' learning outcomes? as well as your role as a training/internship supervisor?	3 (30)	0 (0)	7 (70)
8	Does the training/internship coordinator explain and brief the relationship of the training/internship to the program (HIMT or PT)?	3 (30)	0 (0)	7 (70)
9	Do you feel you have adequate contact with the internship coordinator during training course?	2 (20)	0 (0)	8 (80)
10	Does the training/internship coordinator share and explain criteria for student assessment? As a guidance to fill the evaluation form.	8 (80)	1 (10)	1 (10)
11	Does the training/internship coordinator arrange periodic meeting to discuss students/interns concerns and training/internship issues? How often?	6 (60)	0 (0)	4 (40)
	At last			
12	Do you face any problems during internship?	4 (40)	0 (0)	6 (60)
13	Do you have any recommendations regarding the Internship Program?	7 (70)	0 (0)	3 (30)

Results of Scale Rated by Supervisors:

#	Items	mean (SD)
1	How dependable are the students/interns concerning your work schedule? (submission of work+ follow planned schedules)	8 (0.7)
2	How much initiative do the students/interns show?	7.6 (1.2)
	How would you rate the students/interns attendance during the internship?	8.6 (1.3)
3	How would you rate the quantity of work the students/interns produced?	8 (1)
4	How would you rate the quality of work the students/interns produced?	8.3 (1.1)
	How would you rate the student's/intern's progress throughout the internship?	8.3 (1)
5	How would you rate the student's/intern's overall performance?	8.1 (0.6)

Results of Interviews with HIMT Supervisors:

#	Items	Number of responses		
		Yes	Limited	No
	Student/intern:			
1	Do you think students/interns have sufficient knowledge to carry out their assigned tasks?	4 (57.1)	3 (42.9)	0 (0)
2	Do usually students/interns posse skills needed for this training/internship?	4 (57.1)	3 (42.9)	0 (0)
3	Do students/interns make sufficient progress in the internship?	6 (85.7)	1 (14.3)	0 (0)
4	Do students/interns meet your expectation of training/internship course?	5 (71.4)	2 (28.6)	0 (0)
5	Do you consider the internship experience mutually beneficial, that is, to both the student/intern and the hospital? How?	4 (57.1)	3 (42.9)	0 (0)
6	Do you have the opportunity to freely evaluate students/intern?	7 (100)	0 (0)	0 (0)
	Coordinator:			
7	Does the training/internship coordinator inform you and explain students' learning outcomes? as well as your role as a training/internship supervisor?	2 (28.6)	0 (0)	5 (71.4)
8	Does the training/internship coordinator explain and brief the relationship of the training/internship to the program (HIMT or PT)?	2 (28.6)	0 (0)	5 (71.4)
9	Do you feel you have adequate contact with the internship coordinator during training course?	2 (28.6)	0 (0)	5 (71.4)
10	Does the training/internship coordinator share and explain criteria for student assessment? As a guidance to fill the evaluation form.	6 (85.7)	1 (14.3)	0 (0)
11	Does the training/internship coordinator arrange periodic meeting to discuss students/interns concerns and training/internship issues? How often?	5 (71.4)	0 (0)	2 (28.6)
	At last			
12	Do you face any problems during internship?	3 (42.9)	0 (0)	4 (57.1)
13	Do you have any recommendations regarding the Internship Program?	6 (85.7)	0 (0)	1 (14.3)

Results of Scale Rated by HIMT Supervisors:

#	Items	mean (SD)
1	How dependable are the students/interns concerning your work schedule? (submission of work+ follow planned schedules)	8.1 (0.7)
2	How much initiative do the students/interns show?	8.2 (0.8)
3	How would you rate the students/interns attendance during the internship?	9 (1.2)
4	How would you rate the quantity of work the students/interns produced?	8.1 (1.1)
5	How would you rate the quality of work the students/interns produced?	8.3 (1.3)
6	How would you rate the student's/intern's progress throughout the internship?	8.8 (0.4)
7	How would you rate the student's/intern's overall performance?	8.3 (0.5)

Results of Interviews with PT Supervisors:

#	Items	Number of responses		
		Yes	Limited	No
	Student/intern:			
1	Do you think students/interns have sufficient knowledge to carry out their assigned tasks?	2 (66.7)	1 (33.3)	0 (0)
2	Do usually students/interns posse skills needed for this training/internship?	2 (66.7)	1 (33.3)	0 (0)
3	Do students/interns make sufficient progress in the internship?	2 (66.7)	1 (33.3)	0 (0)
4	Do students/interns meet your expectation of training/internship course?	2 (66.7)	1 (33.3)	0 (0)
5	Do you consider the internship experience mutually beneficial, that is, to both the student/intern and the hospital? How?	3 (100)	0 (0)	0 (0)
6	Do you have the opportunity to freely evaluate students/intern?	2 (66.7)	1 (33.3)	0 (0)
	Coordinator:			
7	Does the training/internship coordinator inform you and explain students' learning outcomes? as well as your role as a training/internship supervisor?	1 (33.3)	0 (0)	2 (66.7)
8	Does the training/internship coordinator explain and brief the relationship of the training/internship to the program (HIMT or PT)?	1 (33.3)	0 (0)	2 (66.7)
9	Do you feel you have adequate contact with the internship coordinator during training course?	0 (0)	0 (0)	3 (100)
10	Does the training/internship coordinator share and explain criteria for student assessment? As a guidance to fill the evaluation form.	2 (66.7)	0 (0)	1 (33.3)
11	Does the training/internship coordinator arrange periodic meeting to discuss students/interns concerns and training/internship issues? How often?	1 (33.3)	0 (0)	2 (66.7)
	At last			
12	Do you face any problems during internship?	1 (33.3)	0 (0)	2 (66.7)
13	Do you have any recommendations regarding the Internship Program?	1 (33.3)	0 (0)	2 (66.7)

Results of Scale Rated by PT Supervisors:

#	Items	mean (SD)
1	How dependable are the students/interns concerning your work schedule? (submission of work+ follow planned schedules)	7.7 (0.6)
2	How much initiative do the students/interns show?	6.3 (1.2)
3	How would you rate the students/interns attendance during the internship?	7.7 (1.5)
4	How would you rate the quantity of work the students/interns produced?	7.5 (0.7)
5	How would you rate the quality of work the students/interns produced?	8.5 (0.7)
6	How would you rate the student's/intern's progress throughout the internship?	7.3 (1.2)
7	How would you rate the student's/intern's overall performance?	7.7 (0.6)

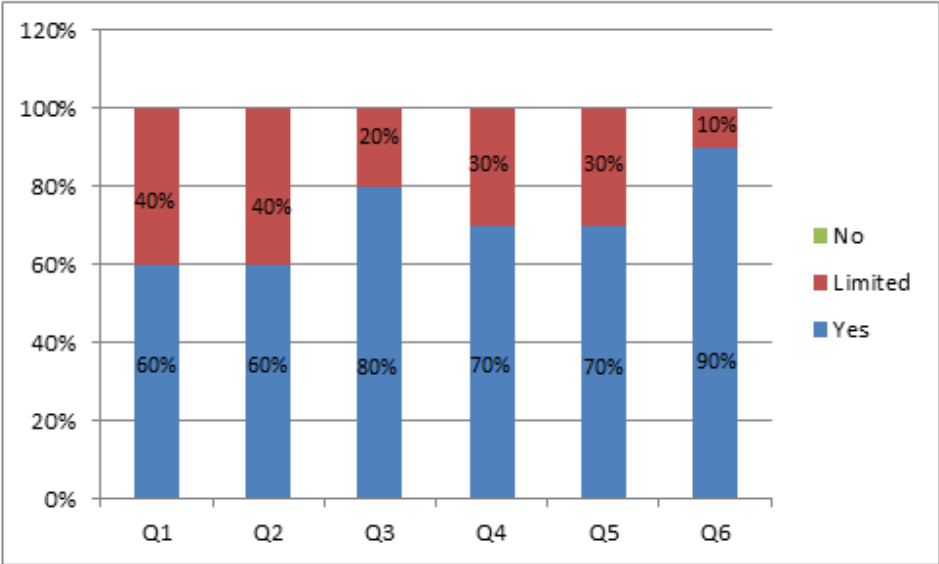


Figure 21: Agreement level of supervisors about students/interns

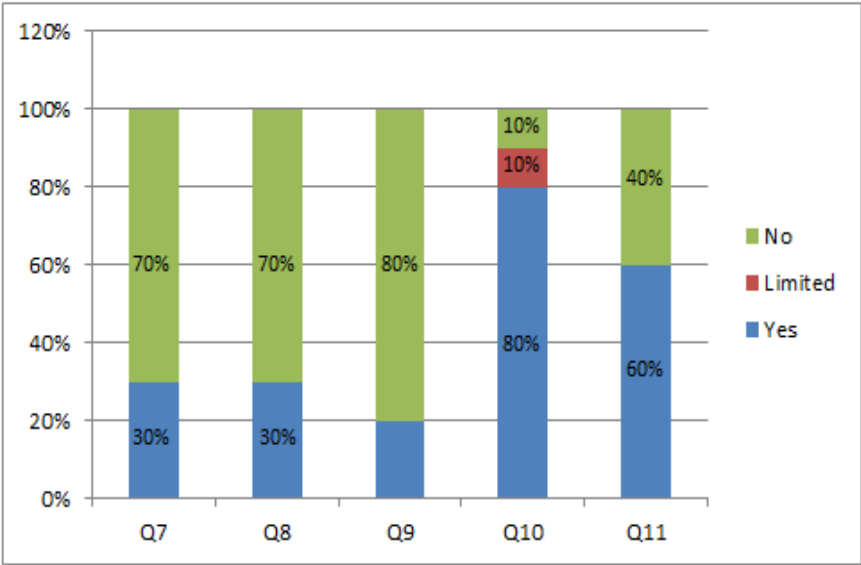


Figure 22: Agreement level of supervisors about coordinators

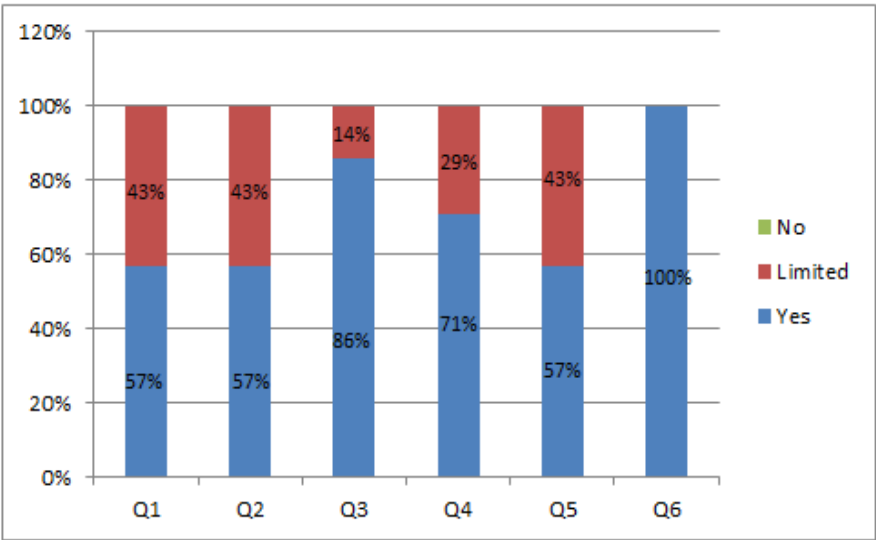


Figure 23: Agreement level of HIMT supervisors about students

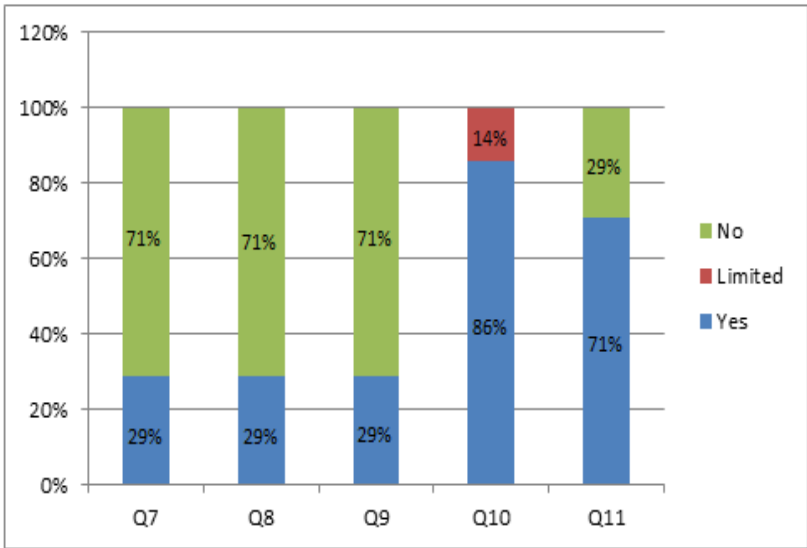


Figure 24: Agreement level of HIMT supervisors about coordinators

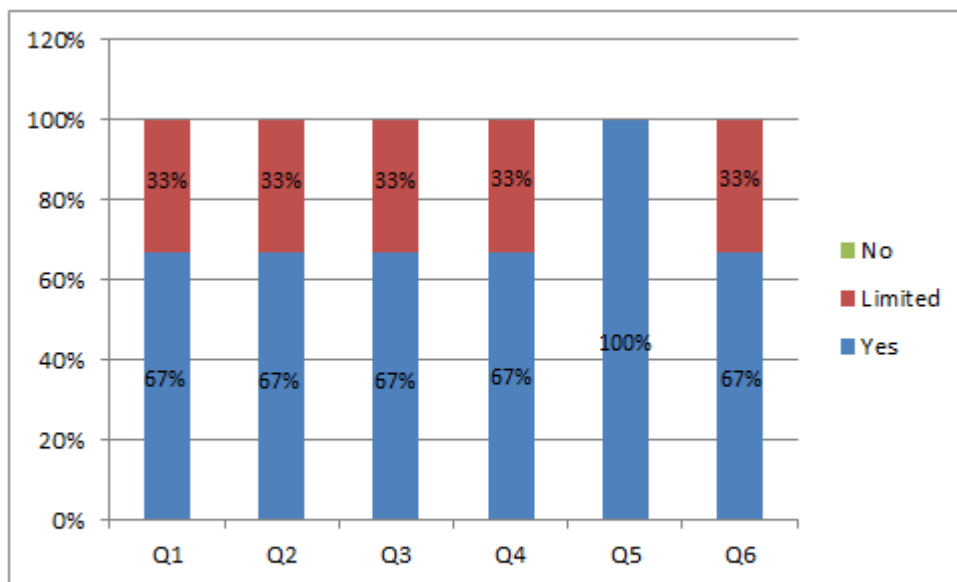


Figure 25: Agreement level of PT supervisors about students

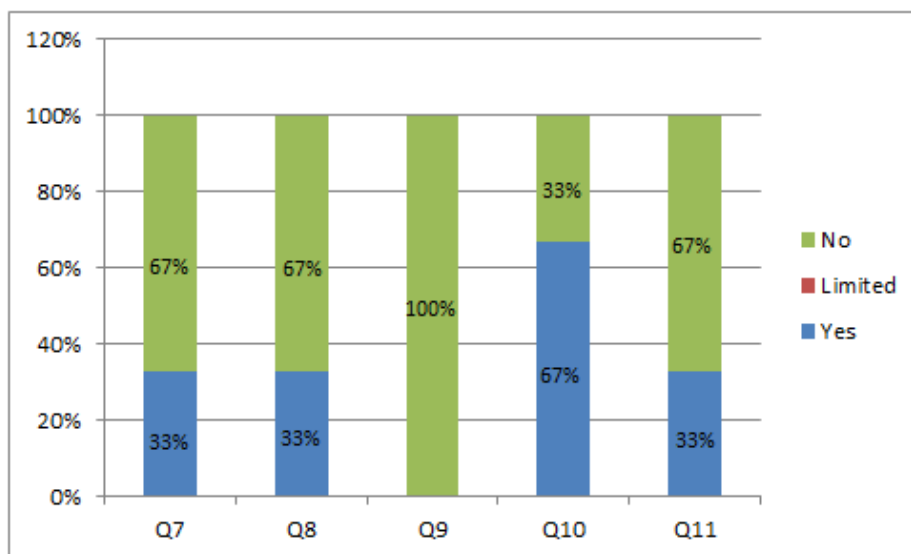


Figure 26: Agreement level of PT supervisors about coordinators